

Name
in
Full

Franklin D. Allison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hyden ^{County} Balto

Date of death 1907 Feb 16 Age 58 Months 2 Days 9

Sex Male Color or Race white Birth-place Md

Occupation Carpenter Where Residing if not at place of death ✓

Married, Single or Widowed widowed Name of Wife or Husband dead

Father's Name Joseph Allison Father's Birthplace Md

Mother's Maiden Name Maria Hall Mother's Birthplace Md

Name of person giving information Ben Allison How related to deceased Son

CAUSES OF DEATH

Primary La Grippe (10) How long 4 weeks

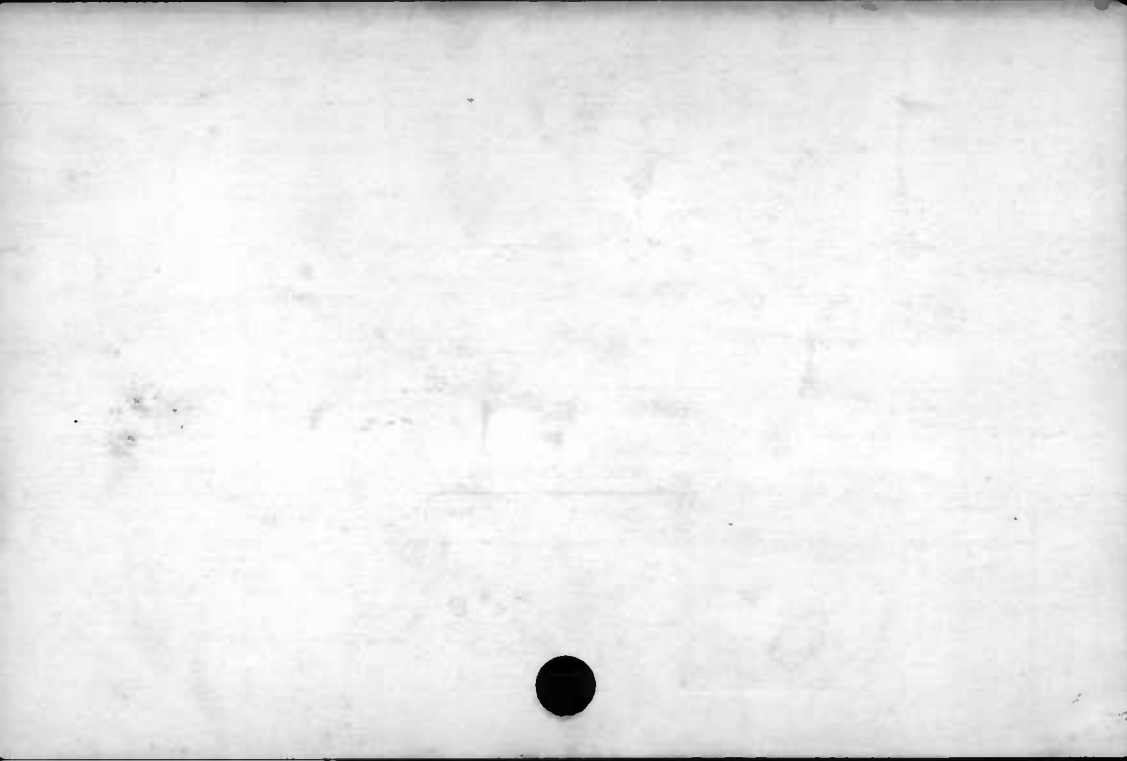
Immediate heart failure How long 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. F. H. Gorsuch

Address Fork Md

Accident or Suicide?



Name
in
Full

Theo. A. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>21</i> ^{Day}	Age <i>5</i> ^{Years}	<i>4</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>1310 - 1st St.</i>				
Married, Single or Widowed <i>S</i>	Name of Wife or Husband				
Father's Name <i>Alexander Anderson</i>	Father's Birthplace <i>Norway</i>				
Mother's Maiden Name <i>Engerber Anderson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Alexander Anderson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary *Int. Meningitis*

Immediate *Convulsions*

How long *1 wk -*How long *3 days -*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Forster**1713 Park St.*

Accident or Suicide?

Mr. Carmel Lem.

Hervig & Son

2/23/07

Name
in
Full

CERTIFICATE OF DEATH

Sarah Elizabeth Archer

Town

County

MARYLAND

Died at

Baltimore

Baltimore

Date

of death 1907

Month

Feb

Day

25

Age

Years

58

Months

6

Days

25

Sex

woman

Color or
Race

white

Birth-
place

Philadelphia

Occupation

Seamstress

Where Residing if not
at place of death

Baltimore Co

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Archer

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Susana Shanley

Mother's
Birthplace

" " "

Name of person giving
information

John S Archer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Rheumatism and Asthma

How long

Four months

Immediate

Heart failure

How long

Eight days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

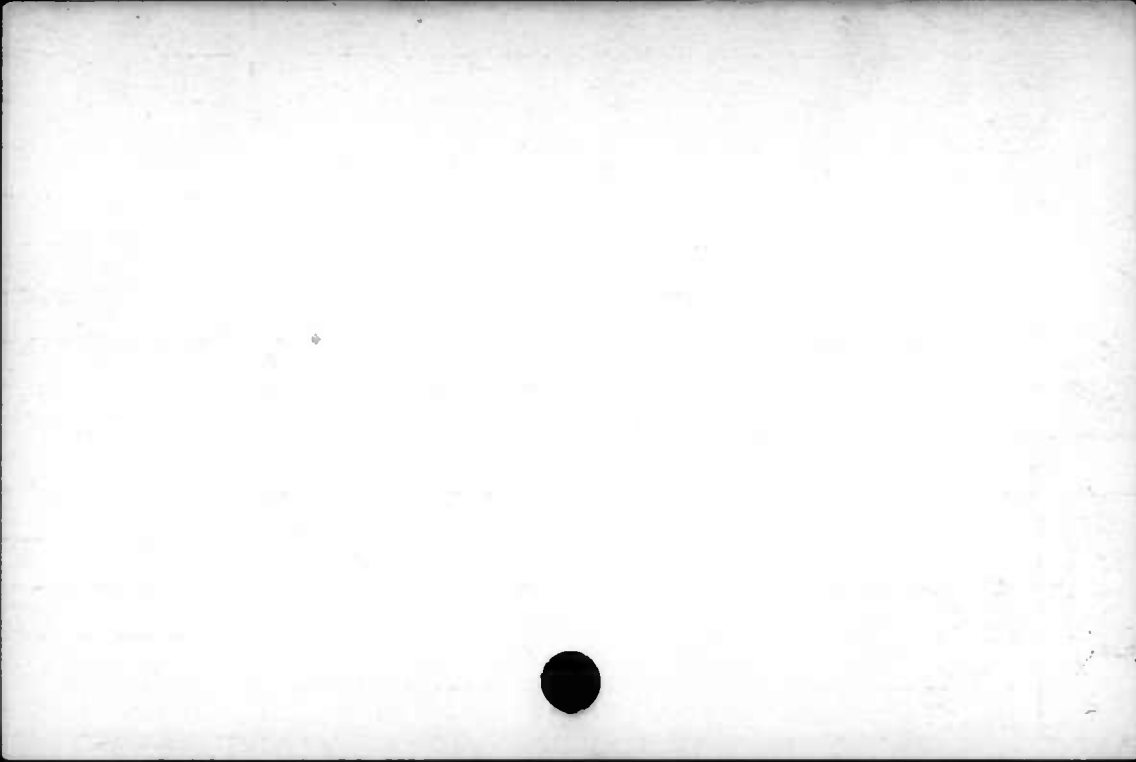
Address

Stewarttown, Pa.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Roy Druegel Banett

Town

County

MARYLAND

Died at

H. H. H. H.

Baltimore

Date

of death 1907

Month

Jul

Day

3

Age

Years

X

Months

1

Days

18

Sex

Male

Color or
Race

White

Birth-
placeBaltimore
Maryland

Occupation

X

Where Residing if not
at place of death

Home

Married, Single
or Widowed

X

Name of Wife or
Husband

X

Father's
Name

William Franklin Banett

Father's
BirthplaceBaltimore
MarylandMother's
Maiden Name

Annie May Wilhelm

Mother's
BirthplaceBaltimore
MarylandName of person giving
Information

Wm. Franklin Banett

How related
to deceased

Father

CAUSES OF DEATH

Primary

La. Grippe

How long

4 days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

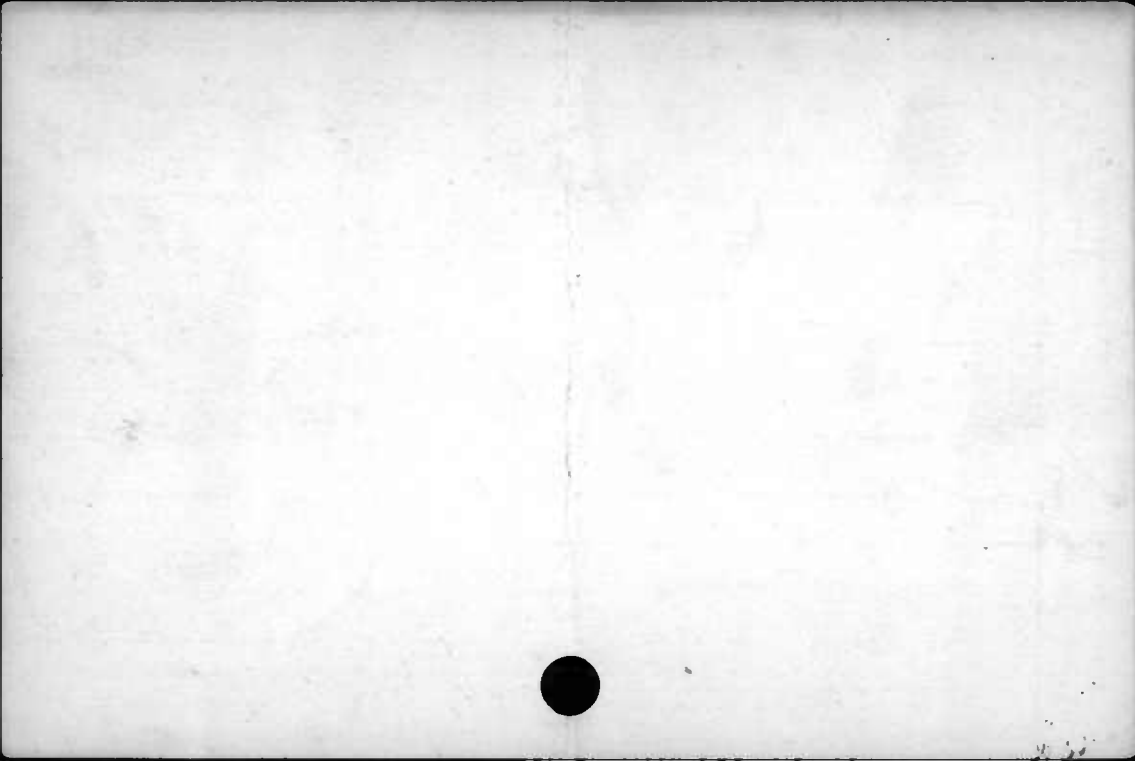
Address

J. E. Benson
Pockepsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Barrie Elizabeth Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumet</u> ^{Town}		<u>Bath</u> ^{County}		MARYLAND	
Date of death	1907	Month	2	Day	8
Age	2	Years	4	Months	9
Sex	Female	Color or Race	W	Birth-place	Calumet
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Stewart R Barnes			Father's Birthplace	Calumet
Mother's Maiden Name	Marie Annie S Beumiller			Mother's Birthplace	Baltimore
Name of person giving information	S R Barnes			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngeal Diphtheria	How long	Two weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. S. M. Gifford</u>		
	Address <u>Calumet Ind.</u>		
Accident or Suicide?			



63

Name
in
Full

Mary P. Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>2</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>1129 - 1st St.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Beale</i>				
Father's Name <i>John Wood</i>	Father's Birthplace <i>Balto</i>				
Mother's Maiden Name <i>Elizabeth Wright</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Bessie B. Sumner</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>La Grippe</i>	How long <i>2 days</i>
Immediate <i>Diarrrhoea</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. L. Thompson</i>
<i>no</i>	Address <i>3rd & 5th Highlandtown</i>
Accident or Suicide? <i>no</i>	

Greenmount Farm

Herwig Farm

2/17/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rolandus Becker		Town		County		MARYLAND	
Died at Mt Hope Retreat		Baltimore					
Date of death	1907	Month	Feb	Day	16th	Age	57
						Months	unknown
						Days	unknown
Sex	male	Color or Race	white	Birth-place	Ta.		
Occupation	Cigar Mfg.	Where Residing if not at place of death		622 N. Carey St.			
Married, Single or Widowed	Widower	Name of Wife or Husband	unknown	Baltimore Md.			
Father's Name	unknown	Father's Birthplace	unknown				
Mother's Maiden Name	"	Mother's Birthplace	"				
Name of person giving information	Reed, Mt Hope Retreat	How related to deceased	not at all				

CAUSES OF DEATH

Primary	Paresis	How long	over 6 yrs.
Immediate	Ex. Status Epilepticus	How long	abt 2 wks.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank J. Flannery M.D.	
Address		Mt Hope Retreat Baltimore Co Md.	
Accident or Suicide?			



Name
in
Full

Minnie B Bell

CERTIFICATE OF DEATH

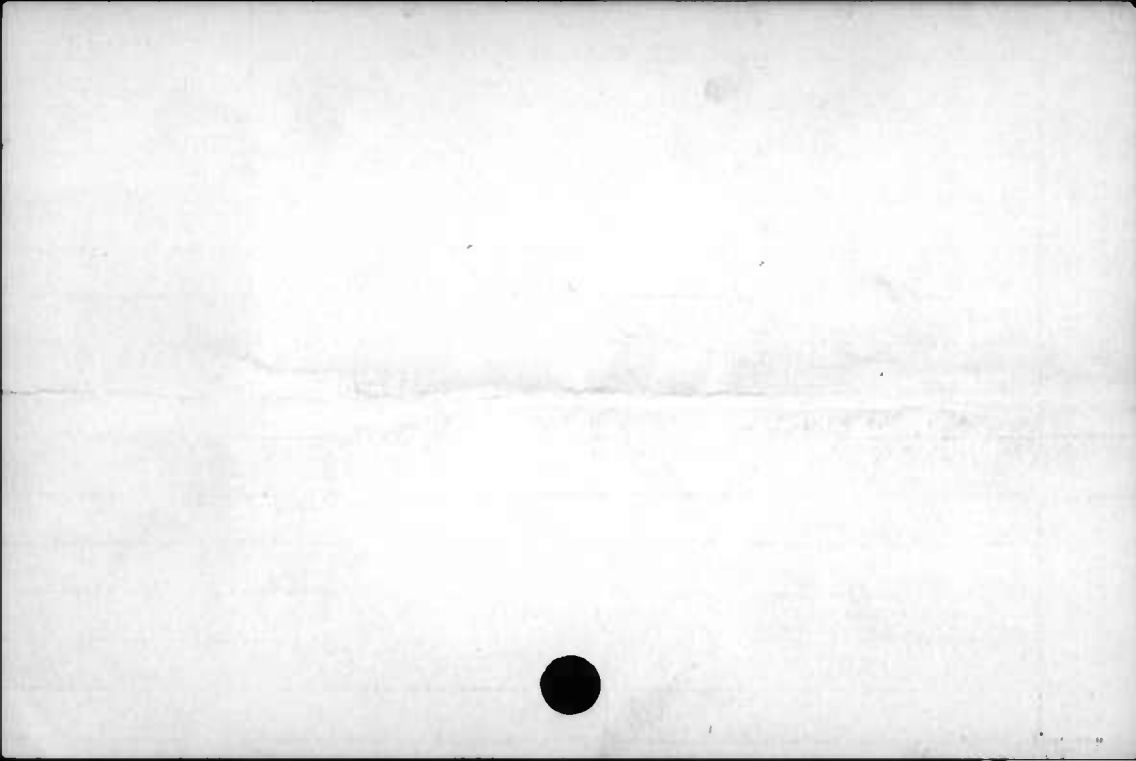
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lickeyville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>Feb</i>	Day <i>9</i>	Age <i>25</i>	Months <i>2</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll co Md</i>		
Occupation <i>House Duties</i>	Where Residing if not at place of death <i>Lickeyville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Walter C Bell</i>				
Father's Name <i>Levi G Barnes</i>	Father's Birthplace <i>Carroll co Md</i>				
Mother's Maiden Name <i>Ola J Williams</i>	Mother's Birthplace <i>Carroll co Md</i>				
Name of person giving information <i>Walter C Bell</i>	How related to deceased <i>6 yr</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Cardiac Asthma</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta</i>
	<i>Md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

Anna Barbara Betty

CERTIFICATE OF DEATH

Town

County

Died at

Rossville

Barto

MARYLAND

Date

of death 1907

Month

Feb

Day

12

Years

Age 67

Months

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John Betty

Father's
Name

Henry Voh

Father's
Birthplace

Germany

Mother's
Maiden Name

Anna Mary Krietz

Mother's
Birthplace

Germany

Name of person giving
In formation

John Betty

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic Heartdisease

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. V. Mease
Rossville

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Bilz
Died at ^{Town} Parkville^{County} Baltimore

MARYLAND

Date of death 1907 ^{Month} 2 ^{Day} 3Age ^{Years} 52 ^{Months} 6 ^{Days}

Sex Male Color or Race white Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Parkville

Married: ~~Single~~ or Widowed Name of Wife or Husband Catharin Stockman

Father's Name Peter Bilz Father's Birthplace Europe

Mother's Maiden Name Dorathe Bauer Mother's Birthplace 11

Name of person giving information Joseph Bilz How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long

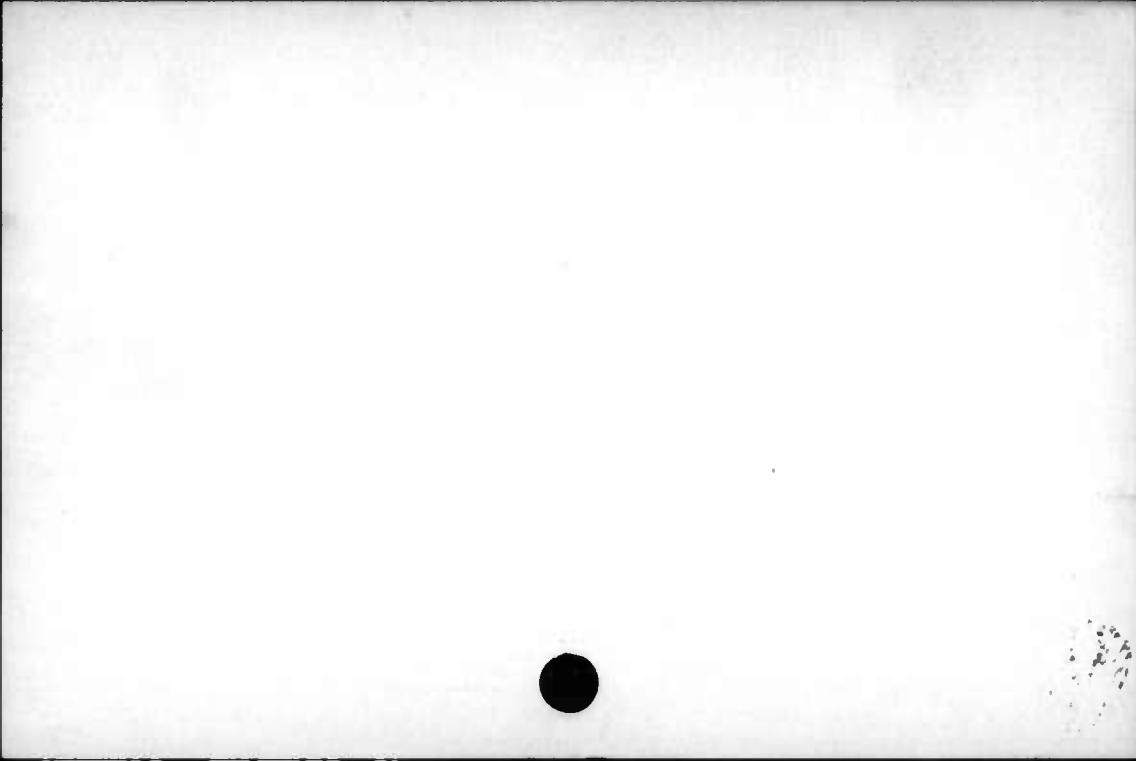
Immediate Sphincter How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Mrs. B. Whiteford

Address Parkville, Md.

Accident or Suicide?



Name
in
Full

Frank Bobocooki

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>18th</i> ^{Day}	Age <i>19</i> ^{Years}	<i>unknown</i> ^{Months}	<i>unknown</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Poland</i>		
Occupation <i>Religious</i>	Where Residing if not at place of death <i>Hebert's Howard Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>to none -</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>LL</i>	Mother's Birthplace <i>LL</i>				
Name of person giving information <i>Reeds Mt Hope</i>	How related to deceased <i>not at all -</i>				

CAUSES OF DEATH

Primary <i>Mania acuta</i>	How long <i>Nearly 3 wks -</i>
Immediate <i>Ex -</i>	How long <i>_____</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank J. Flannery
Mt Hope Retreat
Baltimore Co Md.

Accident or Suicide? *_____*

Name
in
Full

Dr. John Edward Bolte

CERTIFICATE OF DEATH

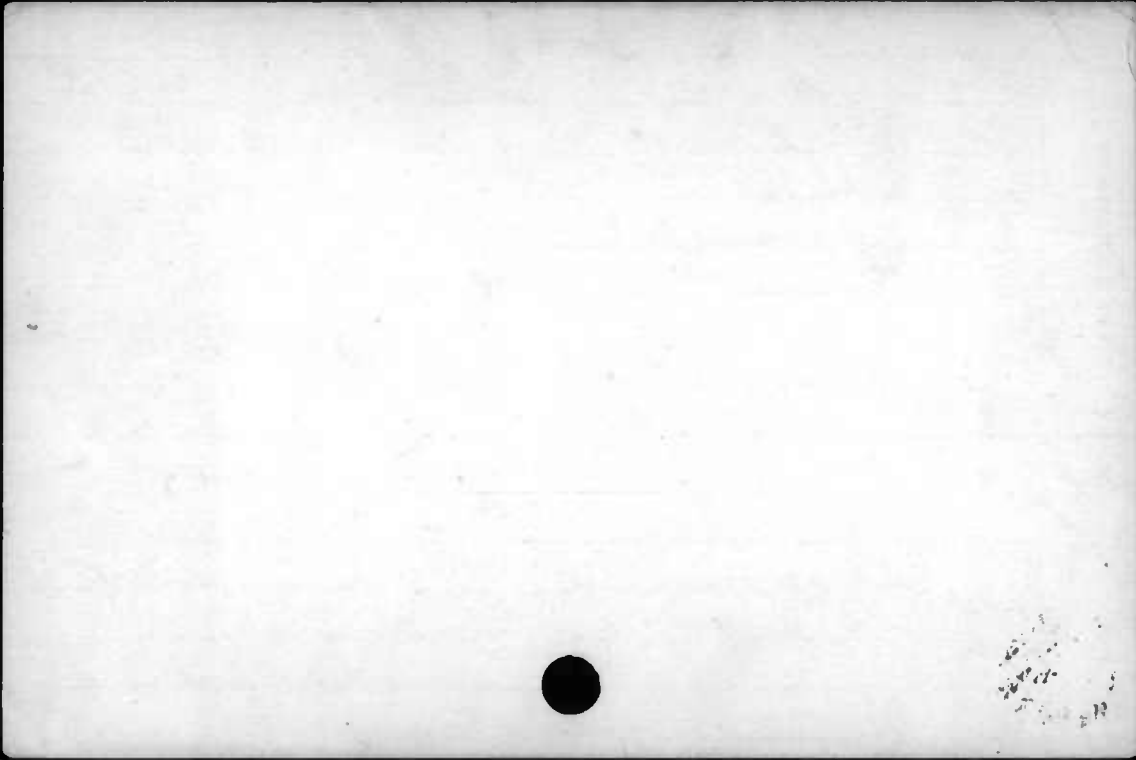
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisonville</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>16</i>	Age <i>41</i>	Years	Months <i>9</i>	Days <i>20</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>				
Occupation <i>Physician</i>	Where Residing if not at place of death <i>same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Cora K. Bolte</i>						
Father's Name <i>Conrad Bolte</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Friedericka Wenzel</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Miss Maggie Bolte</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 1/2 yrs.</i>
Immediate <i>Paralysis</i>	How long <i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M D Morris</i>
	Address <i>Eldersburg Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full


Francis Edward Botterill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Govansstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>1st</i>	Age <i>35</i>	Months <i>7</i> Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. city</i>		
Occupation <i>Appraiser Chesapeake Swan Co</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Botterill</i>			
Father's Name <i>Francis Botterill</i>			Father's Birthplace <i>Balto. Co.</i>		
Mother's Maiden Name <i>Susie Brooks</i>			Mother's Birthplace <i>Govans. Md.</i>		
Name of person giving information <i>Susie Botterill</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN CORONER 	Primary <i>Tuberculosis</i>	How long <i>18 months</i>
	Immediate <i>Exhaustion</i>	How long <i>1 month.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Hess M.D.</i>
		Address <i>Govansstown, Md.</i>
Accident or Suicide? <i>Neither</i>		

Geo W. Little

531 Fremont ave.

Balto Md.

Greenmount

Sunday.

Name
in
Full

John Braumle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powerson</i>		Town		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>2</i>	Day	<i>15</i>	Age	<i>53</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>Near Powerson</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Mrs Howard Francis</i>					How related to deceased	<i>Niece</i>

CAUSES OF DEATH

Primary	<i>Melancholia</i>	How long	<i>immediate</i>
Immediate	<i>Self-inflicted Pistol shot wound</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Maeseburg</i>	
Yes		Address <i>Powerson</i>	
Accident or Suicide? <i>Suicide Inquest by Drs B. Herbert J. P.</i>			

PHYSICIAN
CORONER

W M Corp.

Dallas Cemetery

Feb 1

Removal to
507 E North Ave

Name

in
Full

CERTIFICATE OF DEATH

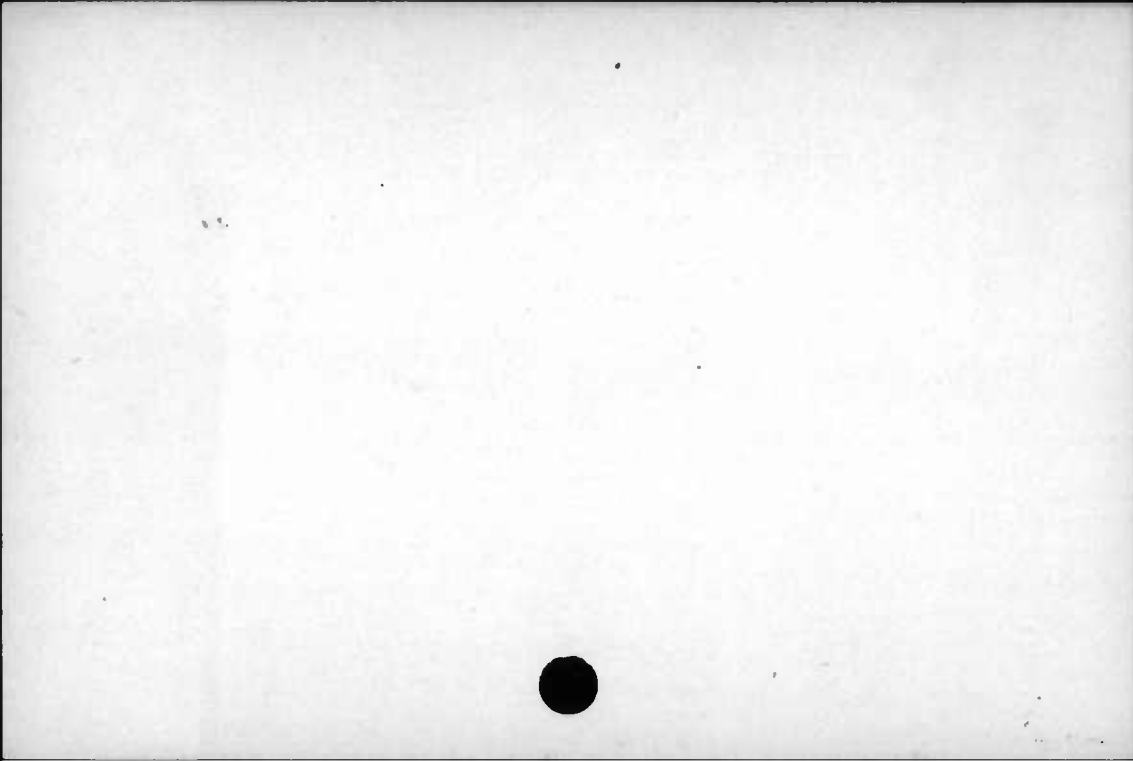
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkton</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death	1907	Month	2	Day	11
Age	0	Years	0	Months	0
Sex	Male	Color or Race	W. White	Birth-place	Parkton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Hilton Adin Brewer			Father's Birthplace	MD.
Mother's Maiden Name	Grace Virginia Brewer			Mother's Birthplace	MD.
Name of person giving information	Hilton Adin Brewer			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	Still Born
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. M. Seyda, M.D.
		Address	Parkton
Accident or Suicide?			MD.



Name
in
Full

J. H. Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Reformatory		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	7th	Day	8th
Age	39	Years		Months	unknown
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Clerk -		Where Residing if not at place of death Baltimore City		
Married, Single or Widowed	Married		Name of Wife or Husband unknown		
Father's Name	unknown		Father's Birthplace unknown		
Mother's Maiden Name	"		Mother's Birthplace "		
Name of person giving information	Recd. Mt Hope Reformatory			How related to deceased not at all -	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis - Autohaemia - Vasomotor	How long	abh weeks -
Immediate	Cardiac Collapse - Paralysis	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician	
		Address	
		Frank J. Flannery MD Mt Hope Reformatory Baltimore Md.	
Accident or Suicide? -			



Name
in
Full

Theresa Clara Busick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossview</u> <small>Town</small>		<u>Beets</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Feb</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	Months <u>—</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Joseph C Busick</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Jos. C Busick</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>151</u>	How long	<u>2 days</u>
Immediate	<u>Insanition</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. V. Mace</u>	
		Address <u>Rossview</u>	
		<u>Md</u>	
Accident or Suicide? <u>—</u>			

Entertainment

St Peters Cent

Belair Road

Geo. W. Grammer

undertakes

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i>		Town <i>Baeto</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>10</i>	Age	Years	Months <i>4</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mt Washington</i>				
Occupation			Where Residing if not at place of death <i>Mt Washington</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Daniel Mose Butts</i>				Father's Birthplace <i>Hayford Co Va</i>			
Mother's Maiden Name <i>Hannottam Harris</i>				Mother's Birthplace <i>Hayford Co.</i>			
Name of person giving information <i>Daniel Mose Butts</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion & Deafness</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm C. W. W.</i>
	Address <i>Arlington</i>
Accident or Suicide?	

St Johns Church -
Feb 12 - 1907

A. S. MacCall
3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>31</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Labour</i>	Where Residing if not at place of death <i>2508 Anns St. Balto.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Cladia V. Caldwell</i>				
Father's Name <i>Mr. Dabney</i>	Father's Birthplace <i>Vir.</i>				
Mother's Maiden Name <i>Bent</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Harold Caldwell</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

Primary	<i>Broken Neck</i>	How long	<i>164</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>David A. Thompson</i>	
		Address <i>1500 Highland Ave. Baltimore Md</i>	
Accident or Suicide? <i>Accident</i>			

PHYSICIAN
OR CORONER

1

John Moran, Undertaker

Int. Carnel -

Name
in
Full

Luigi Carinzzo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas mo.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	11	Age	33
Sex	male	Color or Race	White	Birthplace	Italy.		
Occupation	Labor		Where Residing if not at place of death		Texas. mo.		
Married, Single or Widowed	married		Name of Wife or Husband		Louise Carinzo Louis Carinzo		
Father's Name	Giuseppe		Father's Birthplace		Italy		
Mother's Maiden Name	Giuseppa Sgarlata		Mother's Birthplace		Italy		
Name of person giving information	Joseph Simone		How related to deceased		none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	8 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	
			Joseph Bonner M.D.	
			Address	
			246 W. Greene St.	
Accident or Suicide?				

To Be Buried By
Inson & Prier
at St Joseph Cemetery
Levee

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Virgie Pauline Carr</i>		Town <i>Parkton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Parkton</i>		Month <i>2</i>		Day <i>7</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>4</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Near Parkton</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm E Carr</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Carrie B. Rosier</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Carrie B. Carr</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Werners</i>		How long <i>2 months</i>	
Immediate <i>La-Grippe</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. B. Horrie</i>	
		Address <i>Parkton</i>	
Accident or Suicide? <i>—</i>		<i>md</i>	




Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Aquila Chilcoat</i>				Town <i>Butter</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>2</i>	Day <i>1</i>	Age <i>88</i>	Years <i>88</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Shawwan Md</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Butter Md</i>					
Married, Single or Widowed				Name of Wife or Husband <i>—</i>					
Father's Name <i>George Chilcoat</i>				Father's Birthplace <i>Butter Md</i>					
Mother's Maiden Name <i>Matilda Mathews</i>				Mother's Birthplace <i>Shawwan Md</i>					
Name of person giving information <i>Chas M. Chilcoat</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER 	Primary	<i>Infermitis of old age</i>	How long	<i>154</i>
	Immediate	<i>—</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
	Signature of Physician <i>J. H. Drach Md</i>		Address <i>Butter Md</i>	
Accident or Suicide?				

Interment at Dover
Cemetery Bucks Co

Monday Feb 4th 07

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

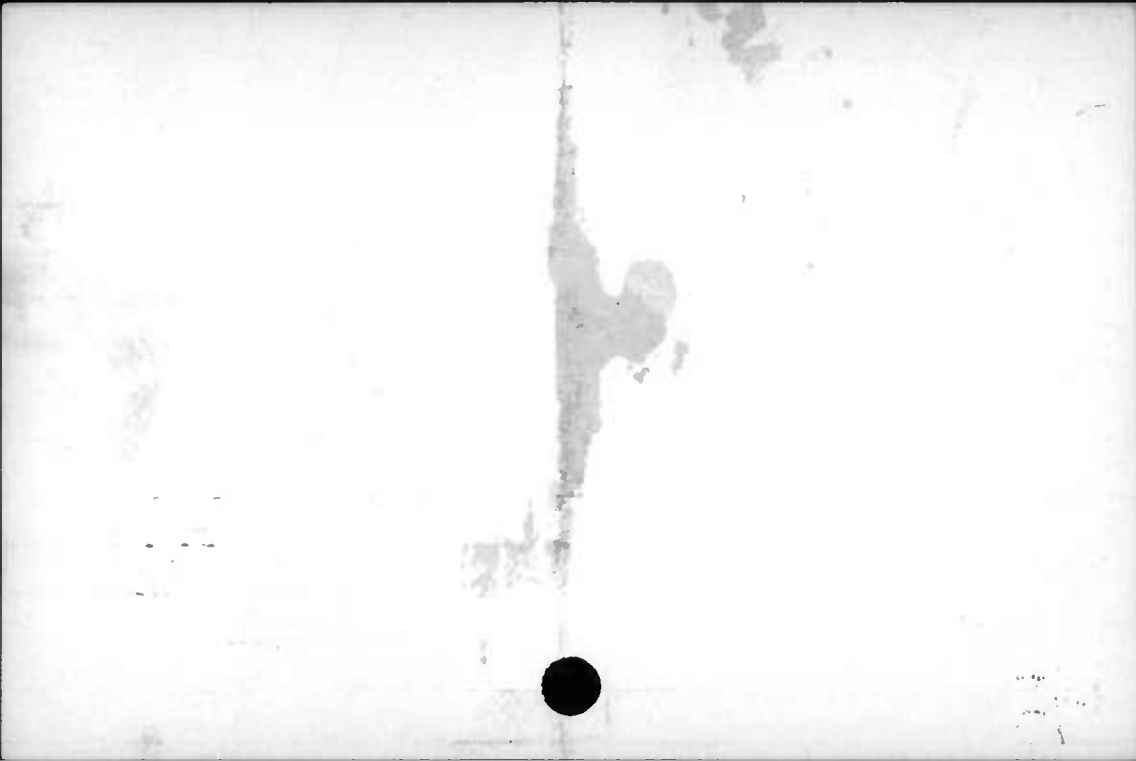
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Falls</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>15</i>	Age <i>86</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penn.</i>		
Occupation <i>Latimer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Garrett E. Standig</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>several years</i>
Immediate <i>General debility</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician <i>W. H. Keiser M.D.</i>
	Address <i>Farmville</i>
Accident or Suicide? <i>No</i>	<i>OK</i>



Name
in
Full

Hildah P. Cole.

CERTIFICATE OF DEATH

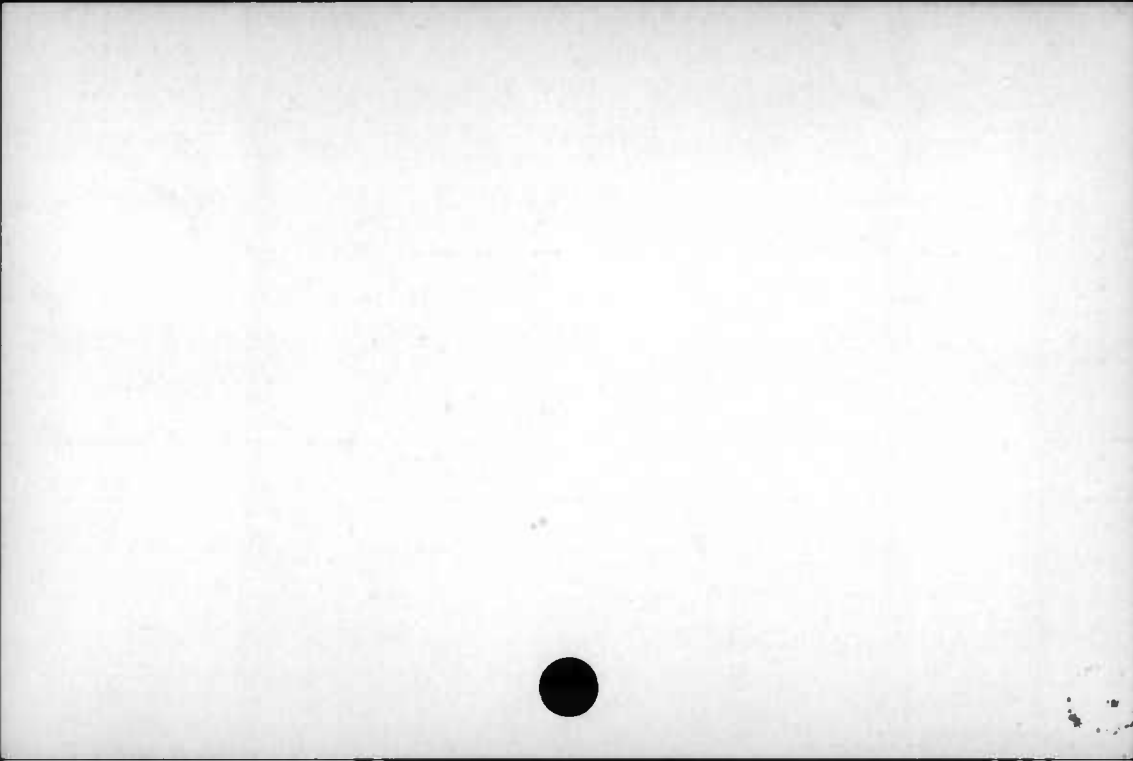
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gloucester</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>28</i>	Years <i>1</i>	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Gloucester Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Marked, Single or Widowed <input checked="" type="checkbox"/> Single			Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel P. Cole</i>			Father's Birthplace <i>Custer Md.</i>		
Mother's Maiden Name <i>Sarah E. Miles</i>			Mother's Birthplace <i>Philadelphia Md.</i>		
Name of person giving information <i>Samuel P. Cole</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>Three days</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Mitchell</i>
	Address <i>Mount Airy, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Conner</i>		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Canton</i>		Month <i>Feb.</i>		Day <i>20th</i>		Years <i>49</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days <i></i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Wallace</i>					
Father's Name <i></i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mamie Selbo</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER 1	Primary <i>Valvular Disease Heart</i>	How long <i>3 days to 4 weeks</i>
	Immediate <i></i>	How long <i></i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Athey</i>
	Accident or Suicide? <i></i>	Address <i></i>

Sacred Heart Cemetery

Feb 23rd 07

Germanus Strance

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Delia H. Conniff* Town *Crossin* County *Baltimore*

Died at *Crossin* Month *2* Day *21* Age *55* Years Months *—* Days *—*

Date of death *1907*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death *Crossin*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *John Conniff*

Father's Name *Thomas Hayden* Father's Birthplace *Ireland*

Mother's Maiden Name *Delia O'Brien* Mother's Birthplace *Ireland*

Name of person giving information *Chola Conniff* How related to deceased *Daughter*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John Burns Sons
Mt. Marie Cemetery
Tousong

Joseph, Caroum						CERTIFICATE OF DEATH	
Died at <u>Baltimore</u> Town			County <u>Balto</u>			MARYLAND	
Date of death <u>1907</u>		Month <u>July</u>	Day <u>10</u>	Age <u>20</u>	Years	Months <u>7</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto City</u>				
Occupation <u>Laborer</u>			Where Residing if not at place of death _____				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____					
Father's Name <u>Jno H Caroum</u>				Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Barbara M. Caroum</u>				Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Jno H Caroum</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
Primary <u>Lobor Pneumonia</u>		How long <u>93</u>					
Immediate <u>Cardiac Failure</u>		How long _____					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Hether</u>					
		Address <u>2 Hudson St</u>					
Accident or Suicide? _____							

Sound Heart Beer
July 18th 07
Germani House

Name
in
Full

CERTIFICATE OF DEATH

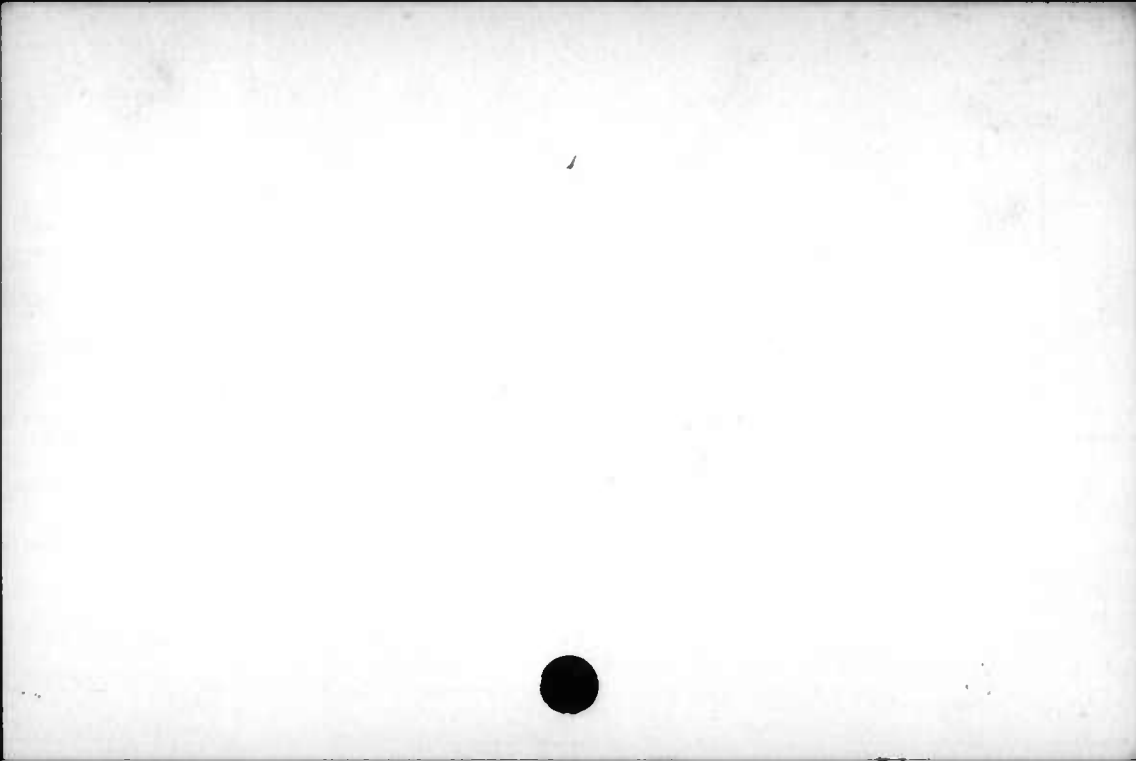
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Bowen Wm. E.		Town St Agnes		County Baile		MARYLAND	
Died at St Agnes Hospital.		Month Feb.		Day 13		Years 63	
Date of death 1907		Months —		Days —			
Sex Male		Color or Race White		Birth-place England			
Occupation Photographer		Where Residing if not at place of death 2900 Park Wood Ave.					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Abraham Bowen		Father's Birthplace England					
Mother's Maiden Name Eliza Edwards		Mother's Birthplace "					
Name of person giving information Mrs Thayer.		How related to deceased Sister.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anemys Aorta.	How long	(81)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. W. Shaw	
		Address St Agnes Hospital.	
Accident or Suicide? —			



Name
in
Full

David M. Croft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rogers Station</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>21</i>	Years <i>81</i>	Months <i>4</i> Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>York Pa</i>		
Occupation <i>Builder</i>	Where Residing if not at place of death <i>Rogers Station</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Caroline A. Croft</i>				
Father's Name <i>Samuel Croft</i>	Father's Birthplace <i>York Pa</i>				
Mother's Maiden Name <i>Clare Adams</i>	Mother's Birthplace <i>4</i>				
Name of person giving information <i>Emily A. Croft</i>	How related to deceased <i>Daughter</i>				

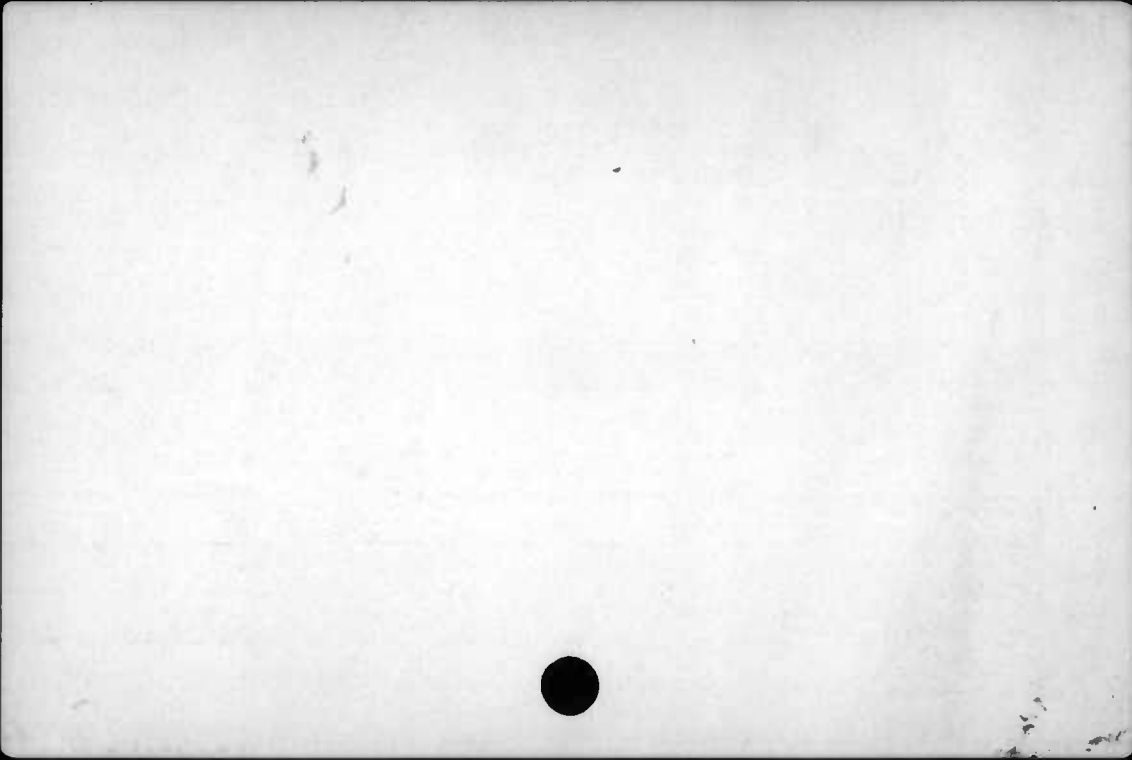
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile</i>	How long
Immediate <i>Cerebral Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>St. Louis Taylor</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	

64

1



Name
in
Full

Elsie Daily

CERTIFICATE OF DEATH

Died at *Int Washington* ^{Town}*Balt.* ^{County}

MARYLAND

Date
of death *1907*Month *2*Day *15*Age *20* ^{Years}Months *3*

Days

Sex *Female*Color or
Race *White*Birth-
place *Ind.*Occupation *Speeder Minder*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Jesse Daily*Father's
Birthplace *Ind*Mother's
Maiden Name *Kate Barnett*Mother's
Birthplace *Ind*Name of person giving
In formation *Jesse Daily*How related
to deceased *Father*

CAUSES OF DEATH

Primary *General Tuberculosis*How long *10 months*Immediate *Exhaustion*How long *3 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *C. H. Beeten*Address *Int Washington*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sparks, Ala., Calhoun Co.,
Feb. 17-07

W. C. Brooks -
Philopis
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Daley*

Town *Canton* **County** *Balto.* **MARYLAND**

Died at *Canton*

Date of death *1907 Feb. 15th* **Age** *35* **Months** *11* **Days** *27*

Sex *Male* **Color or Race** *white* **Birth-place** *Michigan*

Occupation *Saloon Keeper* **Where Residing if not at place of death** *221 N. B. Clinton*

Married, Single or Widowed *Married* **Name of Wife or Husband** *Catherine Fechely*

Father's Name *Martin Daley* **Father's Birthplace** *Ireland*

Mother's Maiden Name *Margaret "* **Mother's Birthplace** *"*

Name of person giving information *Mrs Catherine Daley* **How related to deceased** *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* **How long** *7 days*

Immediate *Toxemia* **How long** *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. J. McHenry M.D.
839 S. Cambridge

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

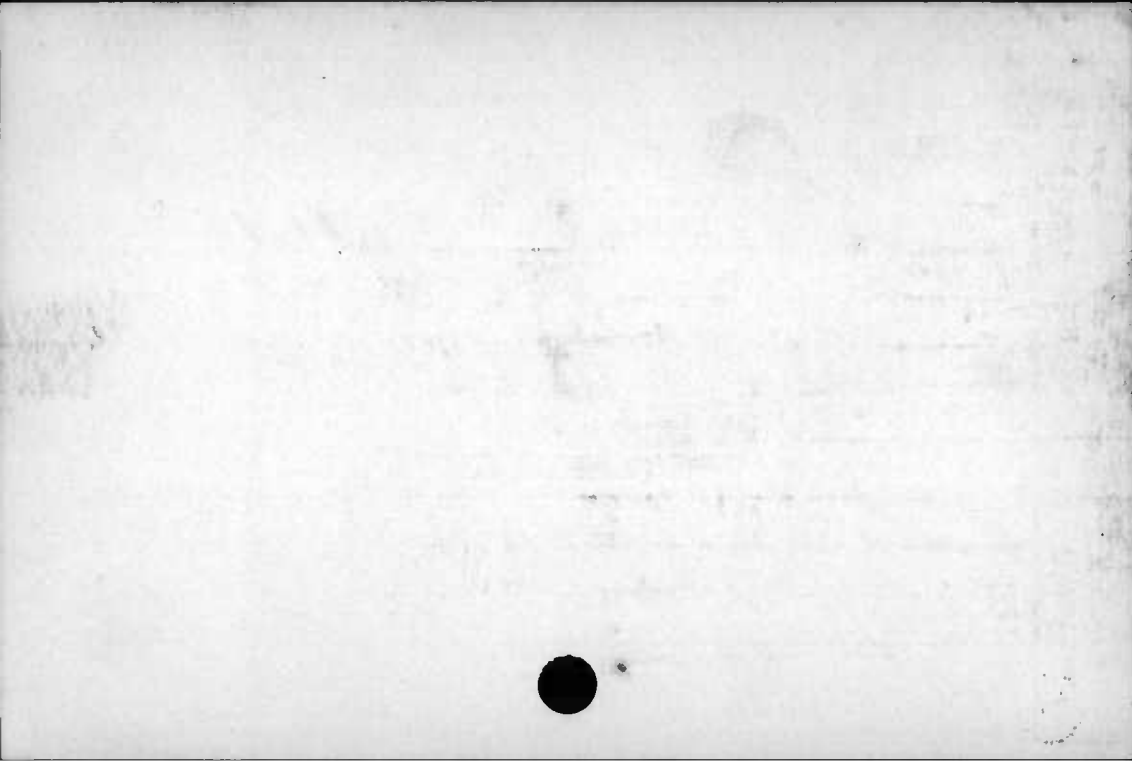
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rayville</i>		Town <i>Rayville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>4</i>	Age <i>70</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert H. Davis</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Louisa Not known</i>		How related to deceased <i>Husband</i>					
Name of person giving information <i>Robert H. Davis</i>							

CAUSES OF DEATH

Primary	<i>Grippe</i>	How long	<i>Six days</i>
Immediate	<i>Acute Bronchitis</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. W. Leysie</i>	
		Address <i>Parlison</i>	
Accident or Suicide?		<i>MD</i>	

PHYSICIAN
CORONER



Name
in
Full

Herman Dickerson

CERTIFICATE OF DEATH

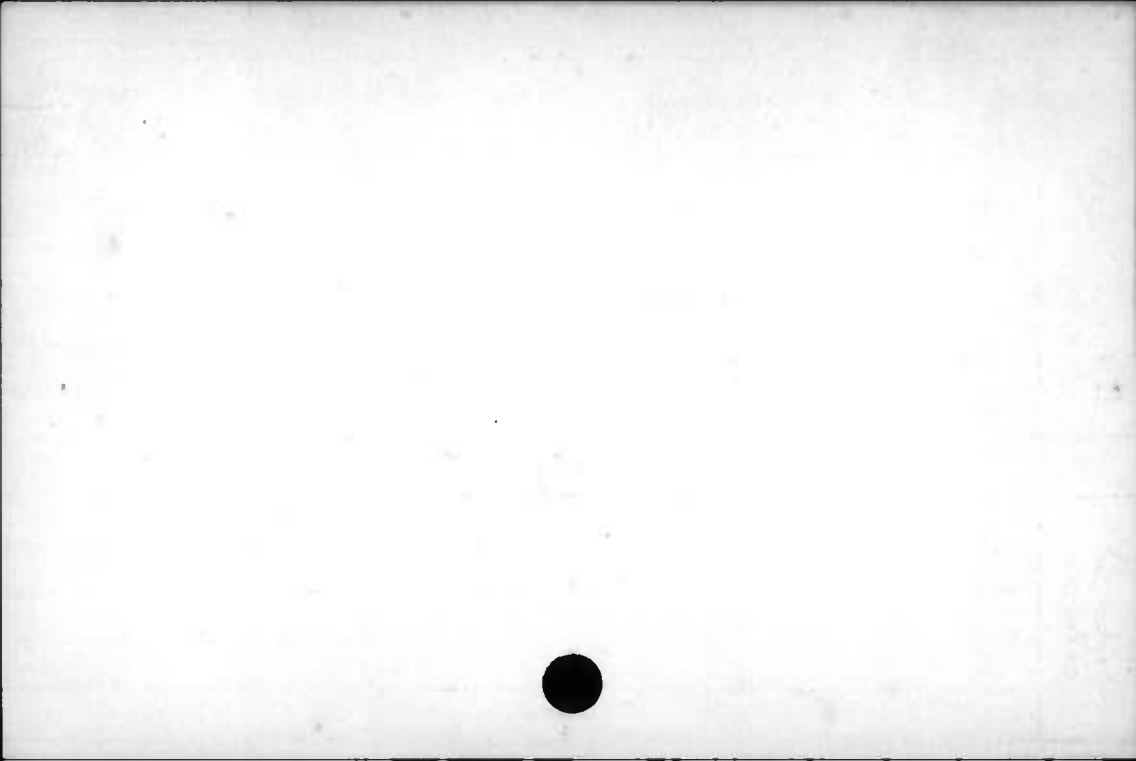
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>14</i> ^{Day}	Age <i>-</i> ^{Years}	<i>6</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Bronch Dickerson</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Lily Mosley</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed Athey</i>
	Address <i>2 Hudson St</i>
Accident or Suicide? <i>(X)</i>	<i>Extender</i>



Name
in
Full

Elvin B. Edmonston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hicksville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	February	Day	16
Age		37		Years	
Sex		American Born		Color or Race	White
Occupation		Boss Finisher		Birth-place	Hicksville
Where Residing If not at place of death		At home Hicksville			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Mamie Estella Edmonston	
Father's Name	Thomas Brooke Edmonston		Father's Birthplace	Frederick	
Mother's Maiden Name	Mary Ann Mullinix		Mother's Birthplace	Franklinston	
Name of person giving information	Elizabeth Edmonston		How related to deceased	Step Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia Tuberculosis	How long	1 year
Immediate	Respiratory Failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. P. Smith
	Yes	Address	Woodbury St
Accident or Suicide?			

Ridge Cerr
Jos B Clark

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

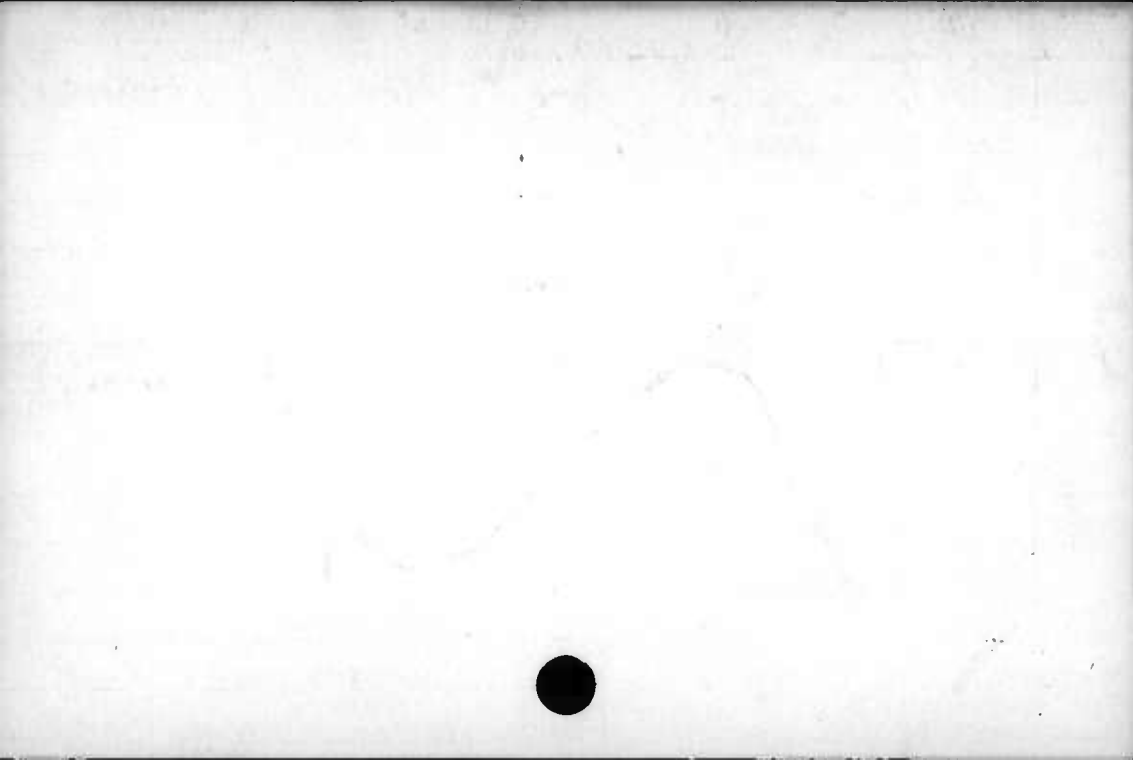
MARYLAND

Died at		Town		County			
Garrison		Baltimore					
Date	Month	Day	Age	Years	Months	Days	
of death	1907	February	27	67			
Sex	Male	Color or Race	White	Birth-place	Garrison		
Occupation	U. S. Gangster			Where Residing if not at place of death	Garrison		
Married, Single or Widowed	Widowed		Name of Wife or Husband	James Wyatt Norris			
Father's Name	George Howard Elder				Father's Birthplace	Elkridge, Howard	
Mother's Maiden Name	Ellie North Moore				Mother's Birthplace	Garrison	
Name of person giving information	Jenni Spence				How related to deceased	Sister	

CAUSES OF DEATH

Primary	Bronchitis	How long	About one week
Immediate	Pneumonia	How long	Ten days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Campbell
		Address	Cornigs Mills, Ind.
Accident or Suicide?			

PHYSICIAN
OR CORNER



Name
In
Full

CERTIFICATE OF DEATH

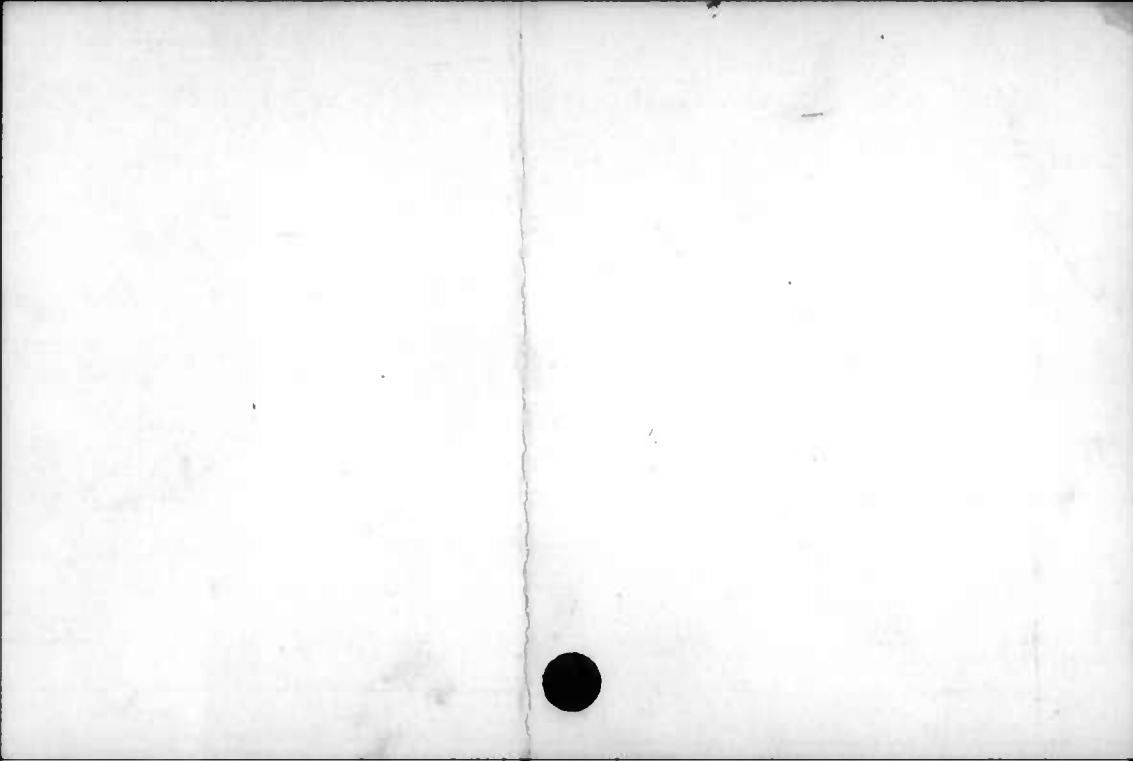
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Bruce Emris</i>		Town <i>Warren</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Warren</i>		Date of death 190 <i>7</i>		Day <i>7</i>		Age <i>19</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Warren Md</i>		Months Days	
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Warren</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Wm B. Emris</i>		Father's Birthplace		Mother's Maiden Name <i>Clara Dougherty</i>		Mother's Birthplace <i>Warren</i>	
Name of person giving information <i>Clara Emris</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>30 days</i>
Immediate <i>Pneumonia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. T. Barry M.D.</i>
	Address <i>Lexington Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Fifer
 Died at *Gorans Walker Ave* *Baltimore* County
 Maryland
 Date of death *1907* Month *Feb* Day *13* Age *87* Months *8* Days *1*
 Sex *Male* Color or Race *White* Birth-place *Germany*
 Occupation *Retired* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *—*
 Father's Name *Fredrick Fifer* Father's Birthplace *Germany*
 Mother's Maiden Name *Unknown* Mother's Birthplace *—*
 Name of person giving information *Mella Fifer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm Pearce M.D.
1238 Green Lane
Baltimore Md

Accident or Suicide?

David M Lean Co.

833 Linden Ave

Greenmount Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Woodstock Colley Baltimore

MARYLAND

Date

of death

1907 Feb

Month

Day

19

Age

Years

67

Months

Days

Sex

male

Color or
Race

white

Birth-
place

New York

Occupation

Crest

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
In formation

Arthur Hagerdy

How related
to deceased

none

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Cardiac asthma

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

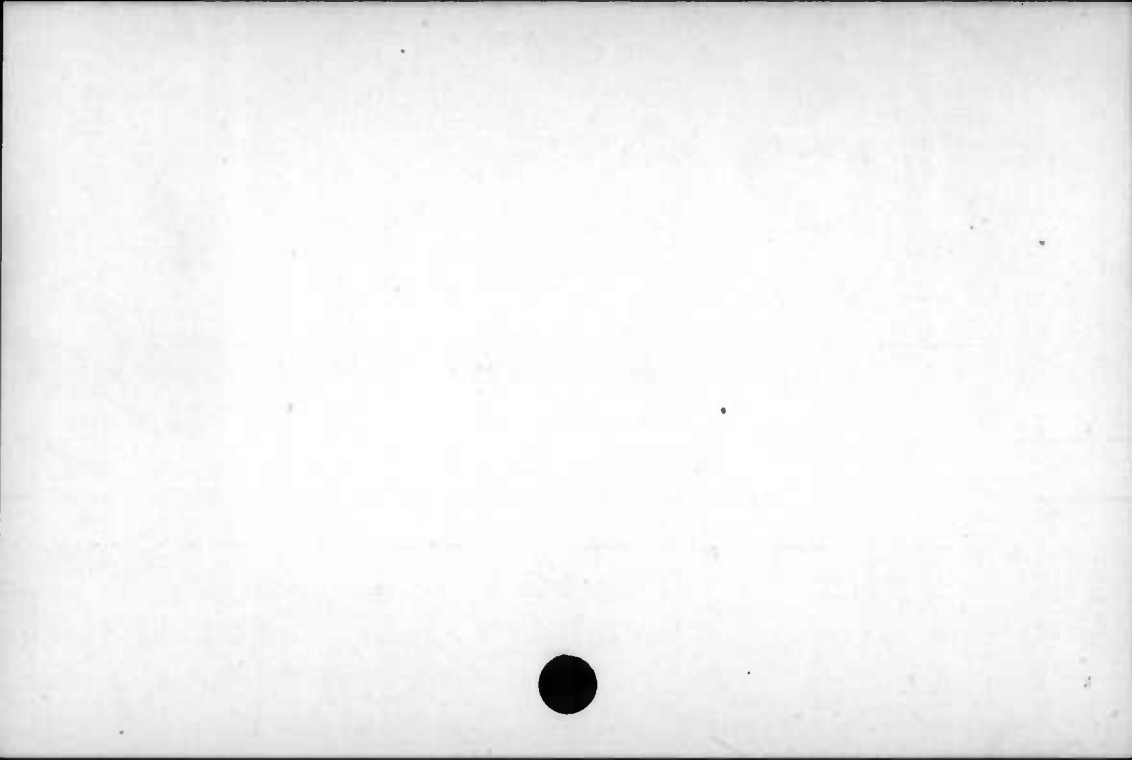
yes

Signature of
Physician

Address

H. J. Hagerdy
Crawford Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Minnie M. Francis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Towson</u> ^{Town}		<u>Balt. Co.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Feb.</u> ^{Month}	<u>6</u> ^{Day}	Age <u>1</u> ^{Years}	<u>11</u> ^{Months}	<u>26</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore Co.</u>		
Occupation _____			Where Residing if not at place of death <u>Near Towson</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Harry Francis</u>		Father's Birthplace <u>Balt. Co.</u>			
Mother's Maiden Name <u>Ida Byrum</u>		Mother's Birthplace <u>Balt. Co.</u>			
Name of person giving information <u>Mrs Ida Francis</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broncho Pneumonia</u>	How long <u>3</u> <u>days</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>40</u> <u>minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Guy et al M.D.</u>
	Address <u>Towson Md.</u>
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?	

John Burns Sons
Providence
Cemetery
Balt. Co.

Name
in
Full

Rachel Friedlich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bowie</i> Town		<i>Barto</i> County			
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>54</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>720 Sunny St Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>O. Friedlich</i>				
Father's Name <i>Gerhard Cohen</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Fraumes</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Jacob Abraham</i>	How related to deceased <i>Not related</i>				

CAUSES OF DEATH

Primary <i>Melancholia</i>	How long <i>1 year</i>
Immediate <i>Heart failure from</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H. Harding</i>
	Address <i>Sta St. Baltimore, Md.</i>
Was it a Suicide?	

PHYSICIAN
OR CORONER

1

Jacob Ahrens
754 N. Eutaw St
Baltimore Md
Hebrew Cemetery

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

CERTIFICATE OF DEATH

MARYLAND

Date	Month	Day	Age	Years	Months	Days
of death 1907	2	18		—	1	7

Sex *male* Color or Race *White* Birth-place *Belmont*

Occupation _____ Where Residing if not at place of death *W. Smith*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Wm. Fritzsche* Father's Birthplace *Balt. Co.*

Mother's Maiden Name	Helene Constantine	Mother's Birthplace	U
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Name of person giving information	Richard W. Chapman	How related to deceased	Uncle
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CAUSES OF DEATH

Primary	<i>Channomys</i>	(a3)	How long	4 days.
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Immediate *Exhaustion*  How long *3 hours*

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>[Signature]</i>
--	-----	------------------------	--------------------

Address Aslington -

Accident or Suicide? _____

Jacob H Knopf -
Mr. Oliver.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Randallstown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>February</i>	Day <i>28</i>	Age <i>48</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer & Dealer</i>			Where Residing if not at place of death <i>near Randallstown</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Anna Huff</i>				
Father's Name <i>Thomas Huff</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Hook</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial infarction of the heart</i>	How long <i>Three weeks</i>
Immediate <i>Hemorrhage</i>	How long <i>About two hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Webb</i>
	Address <i>Randallstown</i>
Accident or Suicide?	

Harisornelle

Name
in
Full

Mary E. Gardner

CERTIFICATE OF DEATH

Died at ^{Town} Benton^{County} Baltimore

MARYLAND

Date of death 1907 ^{Month} Feb^{Day} 27Age 90 ^{Years}^{Months} 2^{Days} 7Sex FemaleColor or Race whiteBirth-place Benton Md

Occupation

Where Residing if not at place of death 14 St EstMarried, Single or Widowed Single

Name of Wife or Husband

Father's Name A. J. GardnerFather's Birthplace MdMother's Maiden Name Mary GardnerMother's Birthplace MdName of person giving information A. J. GardnerHow related to deceased Father

CAUSES OF DEATH

Primary Heavy ColdHow long 3 weeksImmediate Heart. DiseaseHow long immediatelyAre the name, age, sex, color, date and place correctly given above? yes.Signature of Physician P. A. DemminganAddress Coronet
203 Lorne StAccident or Suicide? NaturalTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

P. A. Demmingan

Hughes
Broadway

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

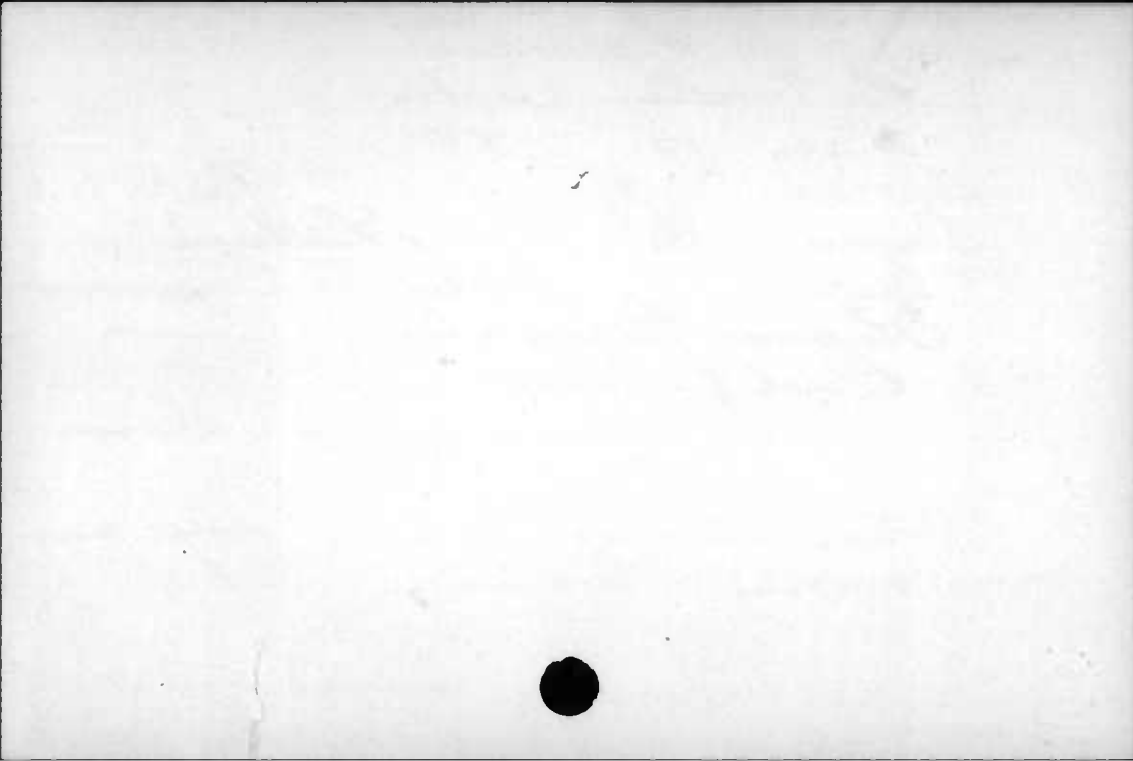
Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race		Birth place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full David M German		County Baltimore		State MARYLAND	
Died at Lutherville		Date of death 1907		Age 71	
Month Feb.		Day 13		Years 71	
Sex Male		Color or Race White		Birth-place Balt. C.O.	
Occupation Stonemason		Where Residing if not at place of death Lutherville			
Married or Widowed Married		Name of Wife or Husband Mary A. German			
Father's Name Thomas German		Father's Birthplace —			
Mother's Maiden Name Elizabeth Clemens		Mother's Birthplace —			
Name of person giving information A. W. Samuels		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arteriosclerosis	How long Several years
Immediate Hemiplegia. Exhaustion	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. Tibbons Fink M.D.
	Address Lutherville Md.
Accident or Suicide? —	

John Burns Sons
Sater's Cemetery
Ballo. Co.

Name
in
Full

CERTIFICATE OF DEATH

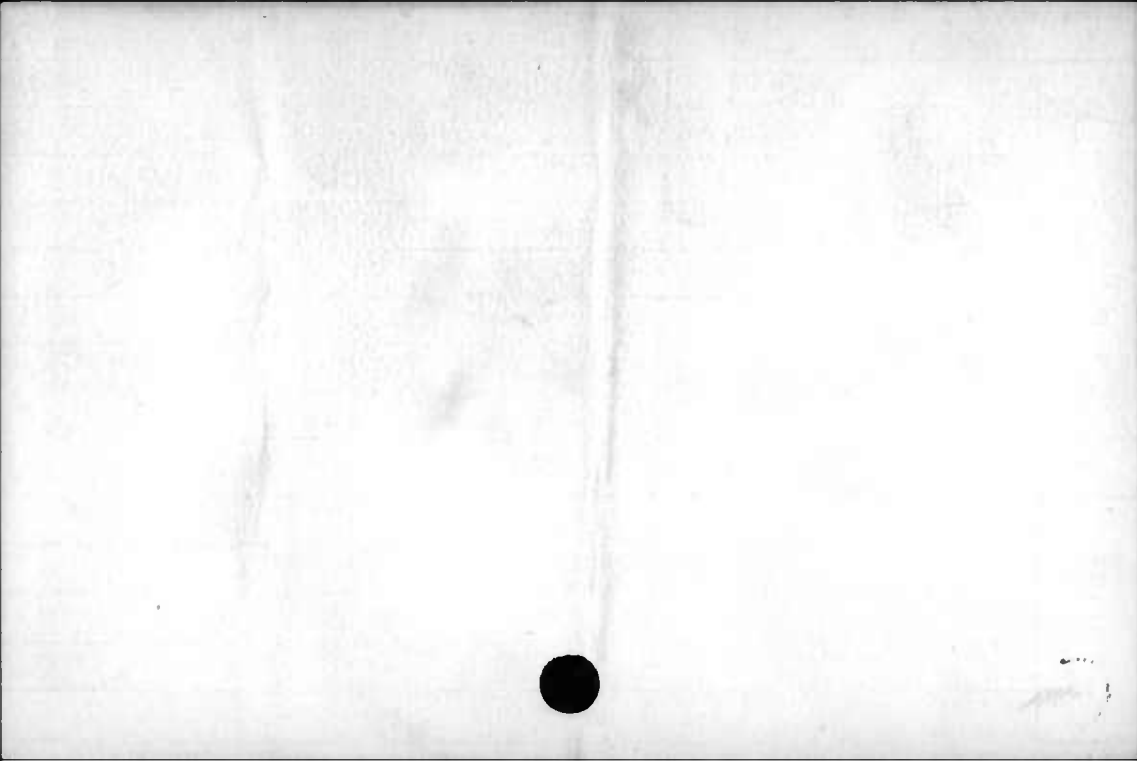
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Getz</i>		Town <i>St. Walters</i>		County <i>Bald</i>		MARYLAND	
Died at <i>St. Walters</i>		Month <i>Feb</i>		Day <i>8</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>George Getz</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Smith</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>George Getz</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. V. Moore</i>	
		Address <i>Rossville, Ind.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

William Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green</i> Town		<i>Barto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>16</i>	Age <i>66</i> Years	Months <i>10</i> Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Norfolk Va</i>		
Occupation <i>Consulting Engineer to Chrome Works</i>	Where Residing if not at place of death <i>Glen</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife <i>Eveline Constantia Blackman</i>				
Father's Name <i>Robert Henry Glenn</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Elyza Jane Edwards</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Mr. Charles H. Glenn</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Calamity of heart.</i>	How long <i>2 yrs.</i>
Immediate <i>Passion Congestion of lungs.</i>	How long <i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Robert H. Blackman</i>
	Address <i>Sta. Ch. City</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1

Henry H. Jenkins
Sons & Co

Richmond Va

Name
in
Full

Martha A Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month} <i>Feb.</i>	<i>20</i> ^{Day} <i>th</i>	Age <i>72</i> ^{Years}	<i>4</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>M.d.</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>William S Gorsuch</i>					
Father's Name <i>Jacob Sutton</i>			Father's Birthplace <i>Eng.</i>		
Mother's Maiden Name <i></i>			Mother's Birthplace <i></i>		
Name of person giving information <i>W^m S Gorsuch</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>several years</i>
Immediate <i>Anasarca, and exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. McCormick M.D.</i>
	Address <i>Sparrows Point Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Charles H. Green

CERTIFICATE OF DEATH

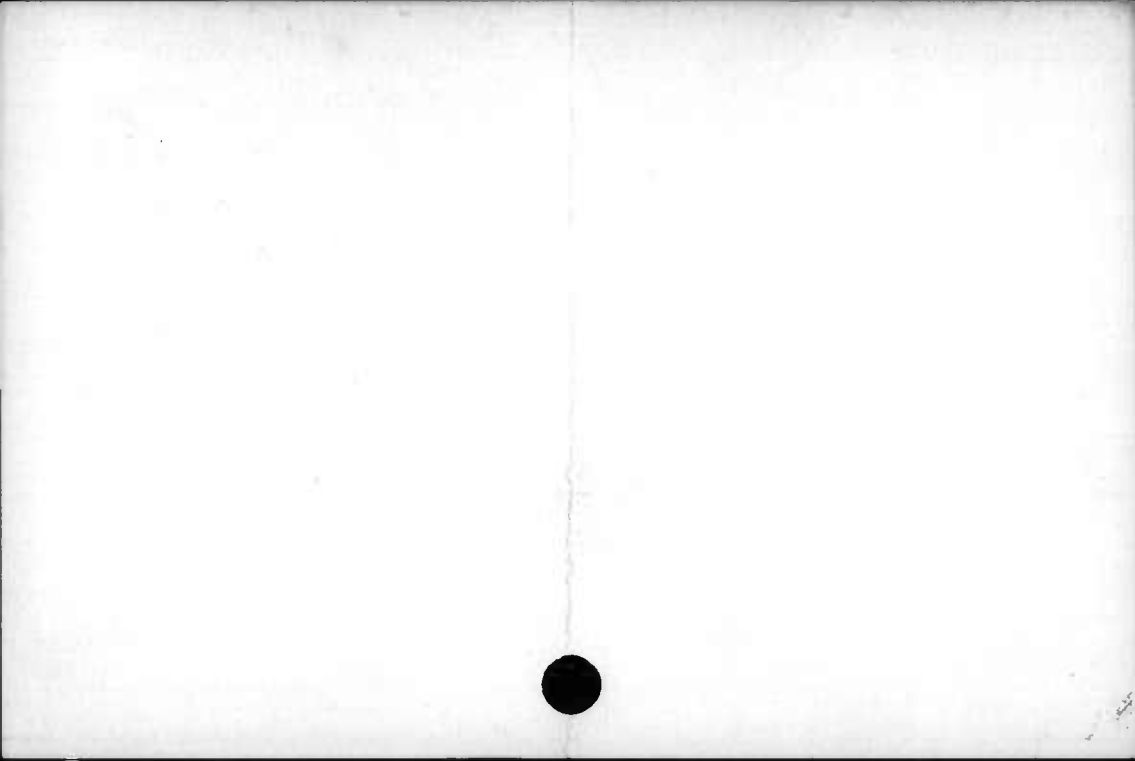
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sittings</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>12</i>	Age <i>16</i>	Months <i>2 7</i> Days <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Sittings</i>		
Occupation <i>Student</i>	Where Residing If not at place of death <i>Sittings</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Dr. John S. Green</i>	Father's Birthplace <i>Holford Co. Md.</i>				
Mother's Maiden Name <i>Ella L. Baldwin</i>	Mother's Birthplace <i>Baldwin Md.</i>				
Name of person giving information <i>Dr. John S. Green</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever ^{fever}</i>	How long <i>3 weeks</i>
Immediate <i>" ^{fever}</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Green</i>
	Address <i>Sittings</i>
Accident <i>no</i>	



Name
in
Full

Elrie Marie Gunther

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lauraville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>February</i>	Day <i>3rd</i>	Year <i>1907</i>	Months <i>9</i>	Days <i>28</i>	
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Baltimore Md</i>	
Occupation	<i>none</i>			Where Residing if not at place of death	<i>Lauraville Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>—</i>		
Father's Name	<i>Christian Gunther</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Louisa A Fleming</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Christian Gunther</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Peritonitis</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. D. Coorse</i>
		Address	<i>Gardenville</i>
Accident or Suicide?			

Emanuel Cemetery

Name in Full		Baby Harriegan		Harrieday		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Catonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
		Date of death <u>1907 Feb</u> <small>Month</small>		<u>4</u> <small>Day</small>		<u>—</u> <small>Months</small>	
		<u>Male</u> <small>Sex</small>		<u>Colored</u> <small>Color or Race</small>		<u>Catonsville</u> <small>Birth-place</small>	
		<u>—</u> <small>Occupation</small>		<u>—</u> <small>Where Residing If not at place of death</small>		<u>"</u>	
		<u>—</u> <small>Married, Single or Widowed</small>		<u>—</u> <small>Name of Wife or Husband</small>			
		<u>Edward Harriegan</u> <small>Father's Name</small>		<u>Balto, Co</u> <small>Father's Birthplace</small>			
		<u>Francis Fold</u> <small>Mother's Maiden Name</small>		<u>"</u> <small>Mother's Birthplace</small>		<u>"</u>	
<u>"</u> <small>Name of person giving information</small>		<u>"</u>		<u>Mother</u> <small>How related to deceased</small>			
PHYSICIAN OR CORONER		CAUSES OF DEATH <u>64</u>					
		<u>Cerebral Congestion</u> <small>Primary</small>		<u>—</u> <small>How long</small>			
		<u>—</u> <small>Immediate</small>		<u>—</u> <small>How long</small>			
		<u>yes</u> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<u>Marshall B West,</u> <small>Signature of Physician</small>			
		<u>8</u> <small>Accident or Suicide?</small>		<u>Catonsville Md</u> <small>Address</small>			



Name
in
Full

Samuel P Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton Town

Baltimore County

MARYLAND

Date of death 1907 Feb

Day 2

Age

Years

Months 7

Days 17

Sex

Male

Color or
Race

Colored

Birth-
place

Baltimore Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry Harrison

Father's
Birthplace

N.C.

Mother's
Maiden Name

Marretta Hargrove

Mother's
Birthplace

N.C.

Name of person giving
in formation

Henry Harrison

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

10 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. N. Atterbury
2 Hudson St

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Adamsy County
Hwy 14 Hwy 14
Wendover
598 W Biddle St

Name
in
Full

Catharine Heedinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>24</i> ^{Month}	<i>23</i> ^{Day}	<i>67</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>over</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Conrad Sauer</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Barbara</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Heedinger</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Carcinoma</i>	How long <i>8 mos</i>
Immediate <i>Haemorrhage</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John C. Hainman M.D.</i>
	Address <i>Smithsonian M.D.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Emma A. Hesse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Howardville		^{County} Balto		MARYLAND	
Date of death	1907	Month	2	Day	6
Age		48		Months	—
Sex	Female	Color or Race	White	Birth-place	Balto
Occupation	None		Where Residing if not at place of death Howardville		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Hesse			Father's Birthplace	Germany
Mother's Maiden Name	Louisa Wagner			Mother's Birthplace	" "
Name of person giving information	Louisa Hesse			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	Carcinoma of breast	How long	some yrs
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>W. J. M.</i>
		Address	<i>Residence Md</i>
Accident or Suicide?			

John Herwig & Sons
Louden Park Conn.

2/9/07

Name
in
Full

William Hornburg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Canton

County

Balto.

MARYLAND

Date

of death 190

Feb.

Day

15

Age

Years

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Balto.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Frederick Hornburg

Father's
Birthplace

Balto.

Mother's
Maiden Name

Luise Wilke

Mother's
Birthplace

"

Name of person giving
information

Frederick Hornburg

How related
to deceased

Father

CAUSES OF DEATH

Primary

Natural Causes

How long

One day

Immediate

Specimens.

How long

2 hours.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

P. A. Drummigan

Address

203 Toone St.
Covener

Accident or Suicide?

PHYSICIAN
OR CORONER

1

H. Sander Aug Sons

Ballo. Cem.

Name
in
Full

Mary Ophelia Hopkins

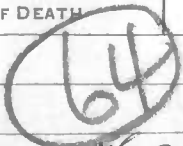
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harans.</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>61</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Elencor, Balto. co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Harford Balto. co. Md.</i>			
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Frank Hopkins</i>				
Father's Name <i>Jacob Shock</i>	Father's Birthplace <i>Balto co. Md</i>				
Mother's Maiden Name <i>Mary Ogden</i>	Mother's Birthplace <i>Balto Co. Md.</i>				
Name of person giving information <i>Edgar A. Hopkins</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>5 da</i>
Immediate <i>Coma.</i>		How long <i>20 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Jones MD</i>	Address <i>Sta Harans Balto. Md</i>
Accident or Suicide? <i>Neither.</i>		

W. H. Stiffles

~~Foster~~ Balto Co

Hereford

Arthur Howard
 Died at *Towson* ^{Town} *Baltimore* ^{County} MARYLAND

Date 19*07* Month *7th* Day *21* Y. *70* M. *years* D. *Mayland* Native of *Laborer* Occupation
 Male ~~Female~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ Number of children living

Husband of
 Wife

Father's Name *Not Known* Mother's Name *Cannot tell*

Cause of Death { Primary *La Grippe with kidney trouble* Immediate *General debility* How long sick *Three weeks*
Accident, Suicide, Homicide

Reported by *L. H. Harris M.D.*

Address *Towson*

R. A. Elliott

Burial at
Sandy Bottom
Tavern

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

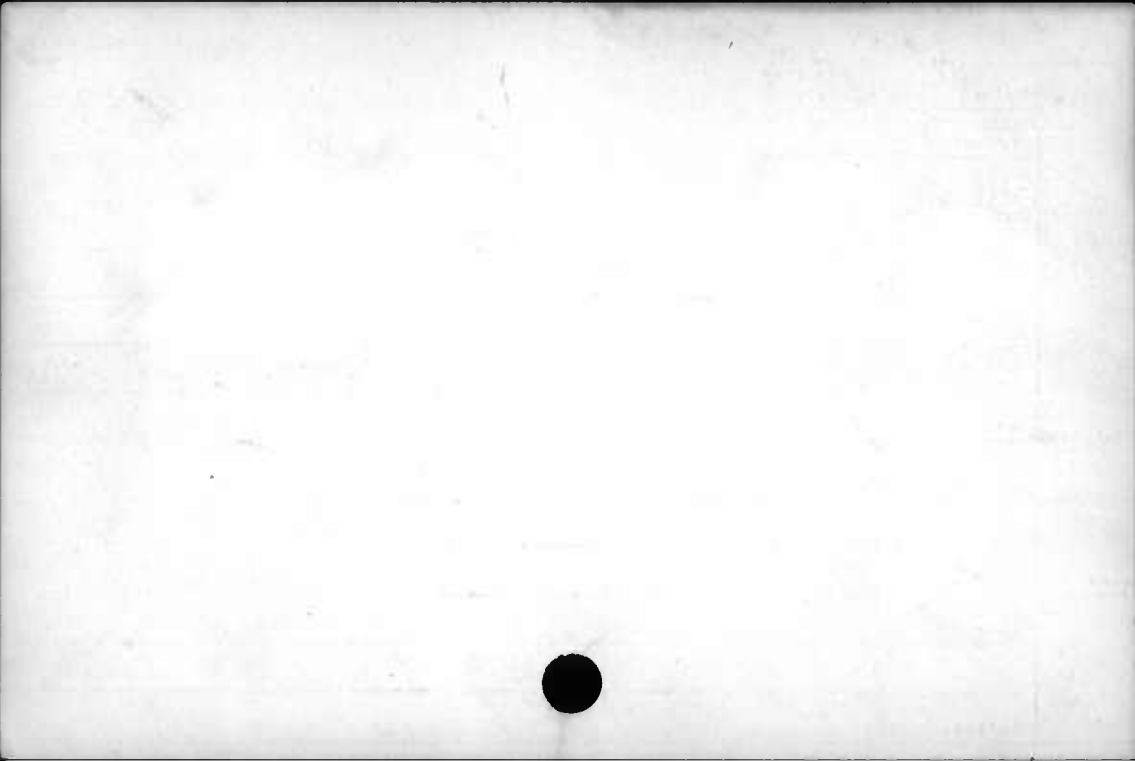
MARYLAND

Died at *William H Hoyer*
Monell Park Town *Baltimore* CountyDate of death *1907* Month *Feb* Day *2* Age *62* Years Months *2* Days *15*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Miller* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Alice Hoyer*Father's Name *Amos Hoyer* Father's Birthplace *Pa*Mother's Maiden Name *Sarah Hill* Mother's Birthplace *not known*Name of person giving information *Mrs Alice Hoyer* How related to deceased *wife*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long *8 mos*
minimal regenerative How long *2 mos*Immediate *Uremia* *2 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo. S. M. Kilffer*Address *Monell Park**Baltimore Ind*

Accident or Suicide?



Name
in
Full

Jacob Huber

CERTIFICATE OF DEATH

Died at *Linclair Lane* TownCounty *Balto. County*

MARYLAND

Date of death *1907* Month *febr.*Day *26*Age *28* YearsMonths *3*Days *25*Sex *male*Color or Race *white*Birth-place *Linclair Lane*Occupation *Laborer*

Where Residing if not at place of death

*Linclair Lane*Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Fred. Huber*Father's Birthplace *Germany*Mother's Maiden Name *Margareth Wimplinger*Mother's Birthplace *Germany*Name of person giving information *Margareth Huber*How related to deceased *mother*

CAUSES OF DEATH

Primary *Dysentery of Stomach*How long *4 months*Immediate *Wasting disease*How long *one month*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

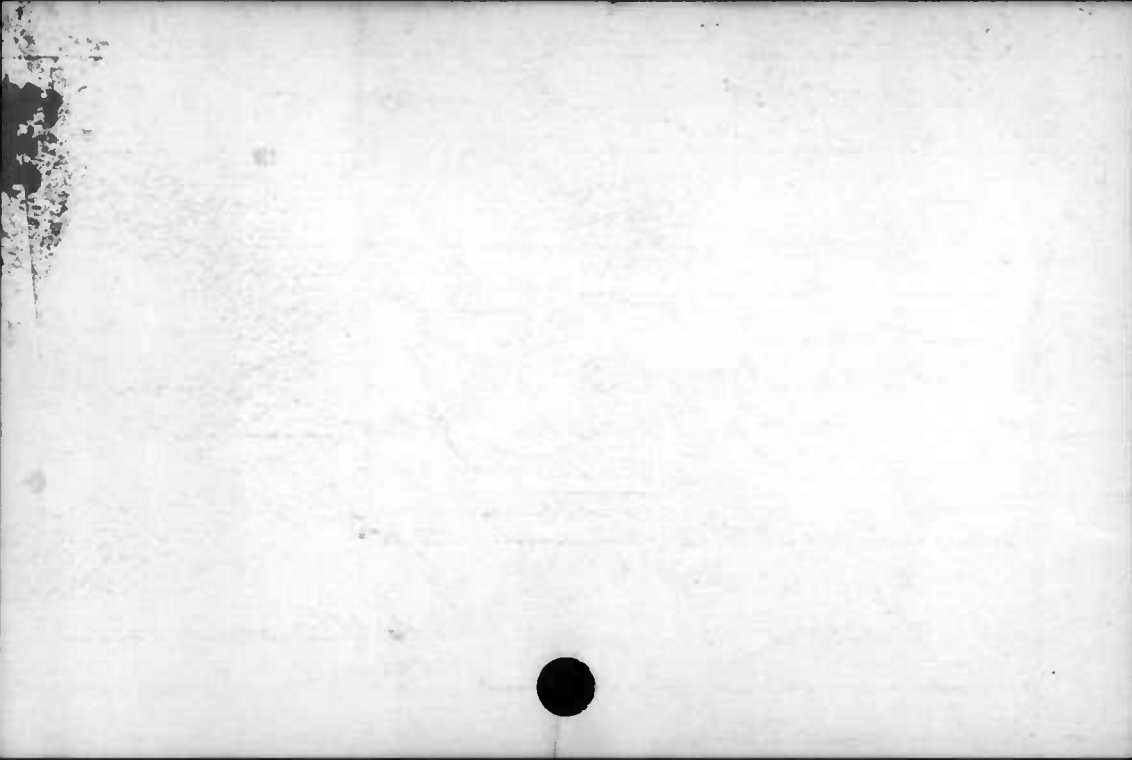
Address

J. J. Sebald
1011 Disquith St
Balto.

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Sister M. Veronica Hughes

CERTIFICATE OF DEATH

Died at *Wetzel* ^{Town} *near Catonsville, Md* ^{County} *Baltimore*

MARYLAND

Date of death *1907* ^{Month} *Feb.* ^{Day} *25* ^{Years} *72* ^{Months} *8* ^{Days}Sex *Female* Color or Race *White* Birth-place *Ponca*Occupation *Religious* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Michael Hughes*Father's Birthplace *Co. Tyrone, Ireland*Mother's Maiden Name *Mary M. Gior*Mother's Birthplace *Co. Tyrone, Ireland*Name of person giving information *Mother Ignatia Wetzel*

How related to deceased

CAUSES OF DEATH

Primary *Senile Debility; Acute Rheumatism* ^{How long}
Chronic Intestinal Apythia ^{How long}Immediate *Cardiac Asthenia*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

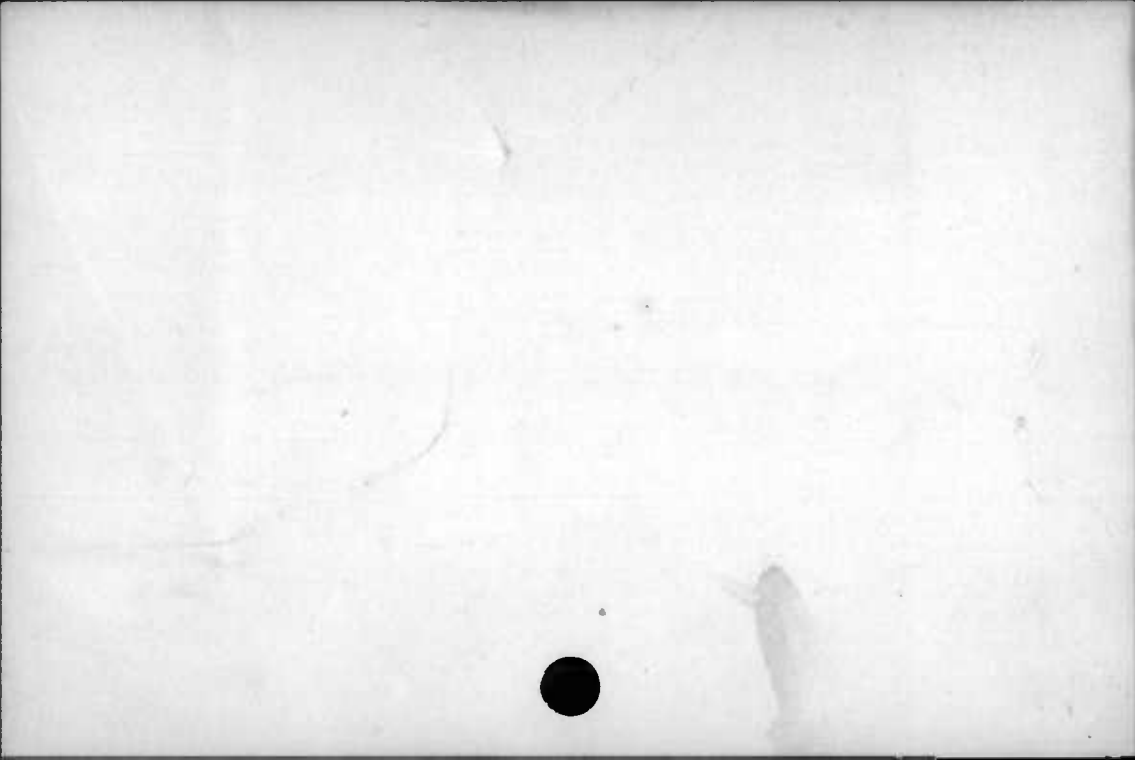
Address

Thos. W. Monaghan
Dickeyville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

①



Name
in
Full

Valentine Imala

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

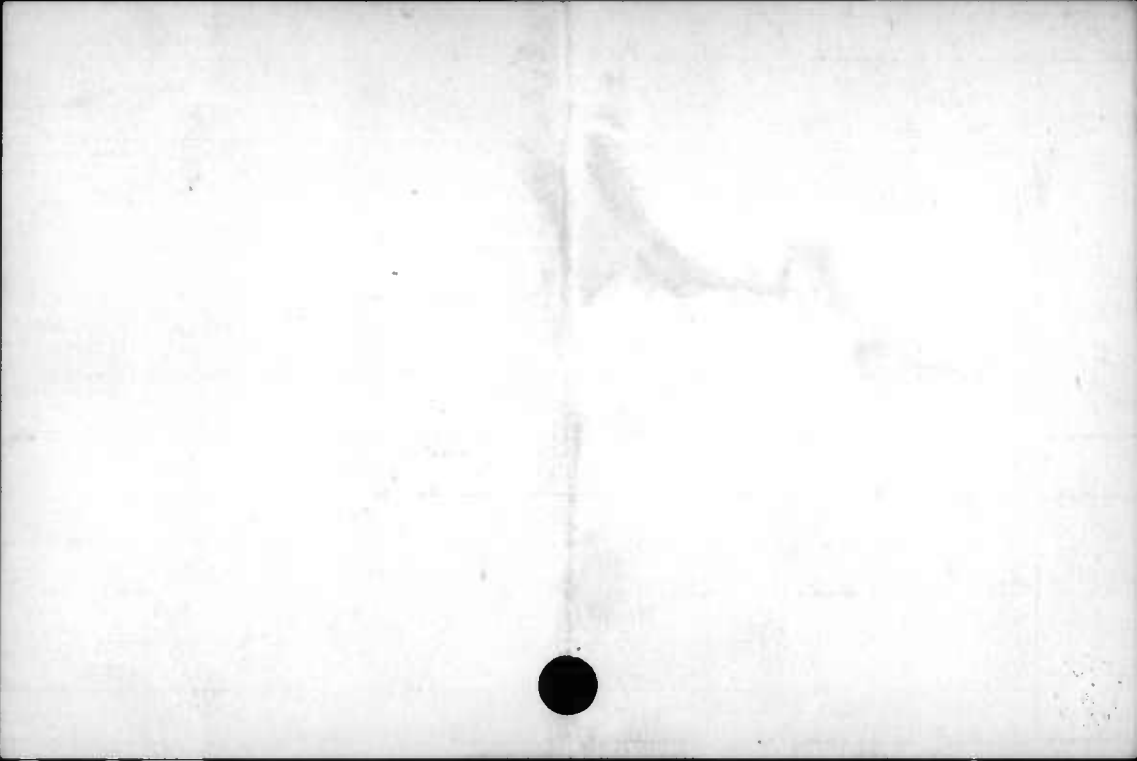
Died at		Town <i>Beaufort</i>		County <i>Beaufort</i>		MARYLAND	
Date of death		190 <i>6</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>		Days <i>11</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Imala</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Biricka</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Frank Imala</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Stomach</i>	How long	<i>11</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>Coroner</i>		Address <i>Gas. F. Libson</i>	
Accident or Suicide?		<i>Chas road</i>	

Physician
or CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Jones

Town

County

MARYLAND

Died at *Cella*

Date

of death

1907

Month Feb.

Day 27

Age

Years 91

Months

Days

Sex

Female

Color of
Race

White

Birth-
place

Maryland

Occupation

House Sutes

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of ~~Wife~~ or
Husband

Johnsey Jones

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
In formation

Emily Clements

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tuberculosis

How long

10 yrs

Immediate

14 yrs from

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos Bonning

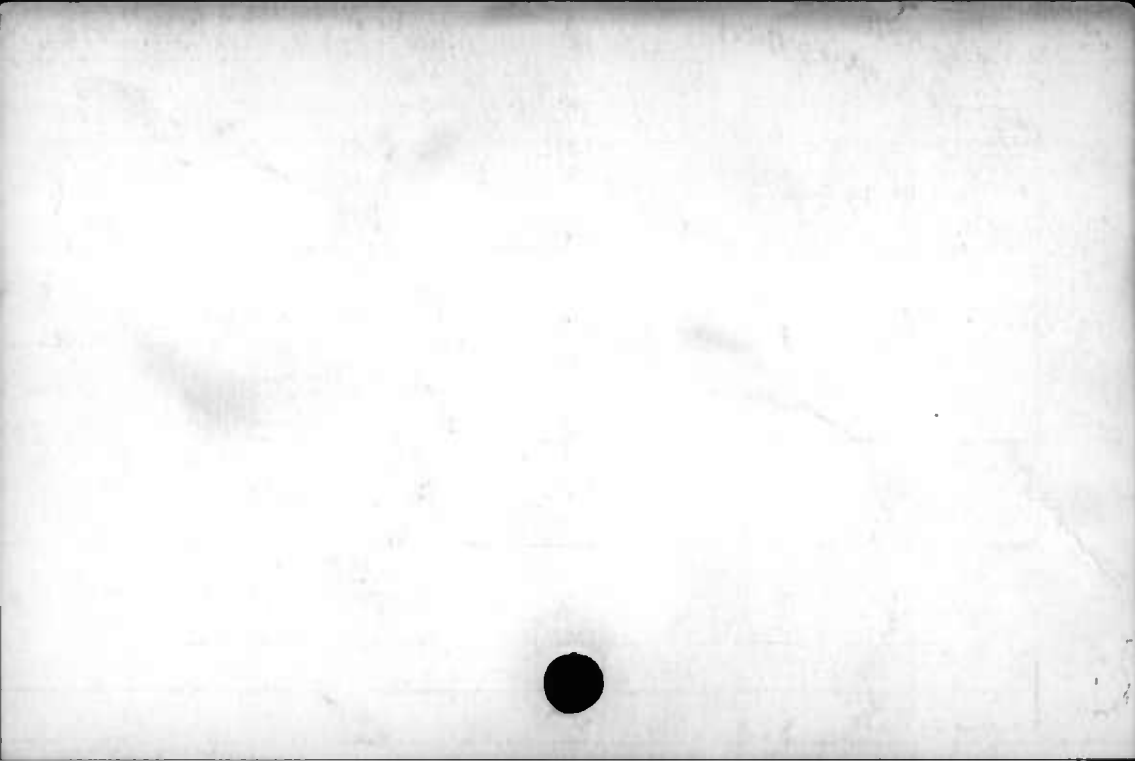
Address

Cella City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

William Keyes

Town

Baltimore

County

Baltimore

MARYLAND

Date

of death 1907

Month

Mar

Day

21

Age

Years

63

Months

0

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Blacksmith

Where Residing if not
at place of death

Pharming, Baltimore Md

Married, Single
or WidowedName of Wife or
Husband

Elizabeth Keyes

Father's
Name

George Keyes

Father's
Birthplace

England

Mother's
Maiden Name

Arthur Rebecca Griffin

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

Elizabeth Keyes

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cancer of the stomach

How long

9 months

Immediate

General failure of vital forces

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. E. Benson

Address

Cockeysville
Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Interment at Poplar
Cemetery Sunday Oct
24th.

W. B. Procks

Name
in
Full

CERTIFICATE OF DEATH

Sophronia Jane Kirkwood

Town

County

MARYLAND

Died at

Sharon

Baltimore

Date

1907

Month

2

Day

20

Years

65

Months

5

Days

6

of death

Age

Sex

Female

Color or
Race

white

Birth-
place

md

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

William Starkwood

Father's
Name

Joshua Anderson

Father's
Birthplace

Horseshoe Md

Mother's
Maiden Name

Mary J. Bell

Mother's
Birthplace

" "

Name of person giving
information

Jno R Bond

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Pneumonia Pulmonalis

How long

years

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Daniel V. Moyses MD

Address

Maryland Line

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr Jno. R. Bond.

Parkton

R 7 D #2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born *Knoble* County

Died at *Highlandtown* Town *Balt* County

MARYLAND

Date of death 190 *7* Month *2* Day *20* Age *Years* Months *Days*

Sex *male* Color or Race *White* Birth-place *Highlandtown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *H. Knoble* Father's Birthplace *Balt Co*

Mother's Maiden Name *Maggie Miller* Mother's Birthplace *Balt Co*

Name of person giving information *H. Knoble* How related to deceased *Hoster*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long _____

Immediate *Died in utero* How long _____

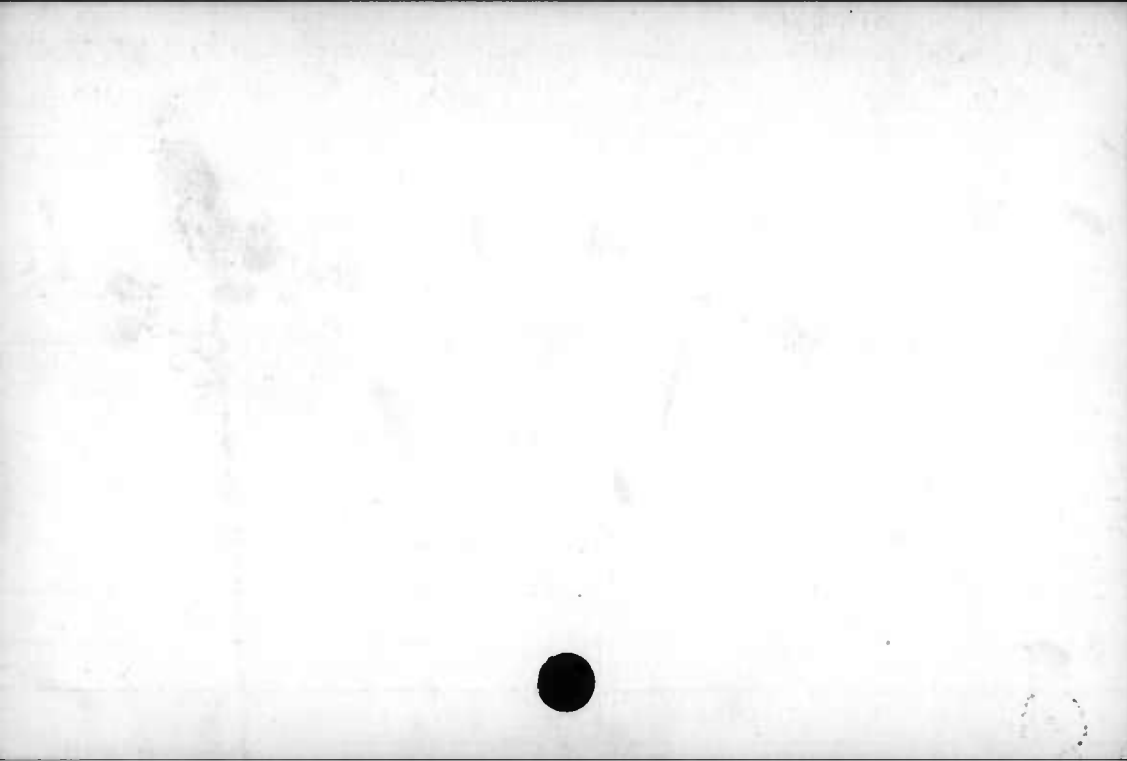
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. L. Miller M.D.*

Address *3rd Gough*

Highlandtown

Accident or Suicide? *No*



Name
in
Full

Anna Maria Kuhn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Feb.</i> <small>Day</small>	<i>22</i> <small>Years</small>	<i>80</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife Husband	<i>Francis Chas. Kuhn</i>		
Father's Name	<i>Franz M. Munz</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>don't know</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Francis Chas. Kuhn</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

Primary

Securidity **154**

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Sacred Heart Cemetery

Feb. 25th 1907

Germanus Thane

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Ellen Mary McLaughlin

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Lowandtown</i> ^{County} <i>Baltimore</i>			
Date of death <i>1907</i>	^{Month} <i>February</i>	^{Day} <i>23</i>	^{Years} <i>63</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Months <i>2</i>	Days
Occupation	Birth-place <i>Balto Co.</i>		
Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>James M Laughlin</i>	Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Malinda Paterson Thomas</i>	Mother's Birthplace <i>Harford Co.</i>		
Name of person giving information <i>Minnie Roche</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 years</i>
Immediate <i>Anaemia</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Hoes MD</i>
	Address <i>Sta H Evans Balto Md</i>
Accident or Suicide? <i>Neither</i>	

To of M Jenkins & Sons Co.
133 W 5th Ave St.

Intermittent Prostitution center

on
Ready Ave. near old York Road &
Arlington Ave

Name
in
Full

Louisa Lauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Annas</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>2</i> ^{Month}	<i>23</i> ^{Day}	Age <i>77</i> ^{Years}	<i>7</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Phila Pa</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widow		Name of Wife or Husband <i>John Lauer</i>			
Father's Name <i>John Marshall</i>			Father's Birthplace <i>Prague</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Ta</i>		
Name of person giving information <i>Mrs A. Elizabeth Smardon</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility of age</i>	How long	<i>Confined to bed 4 months</i>
Immediate	<i>debility of age</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm H. Alderdice M.D.</i>	
		Address <i>721 Columbia Ave Baltimore City</i>	
Accident or Suicide? <i>No</i>			

Landon Park

Jos B Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

Month

Day

Years

Months

10 Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

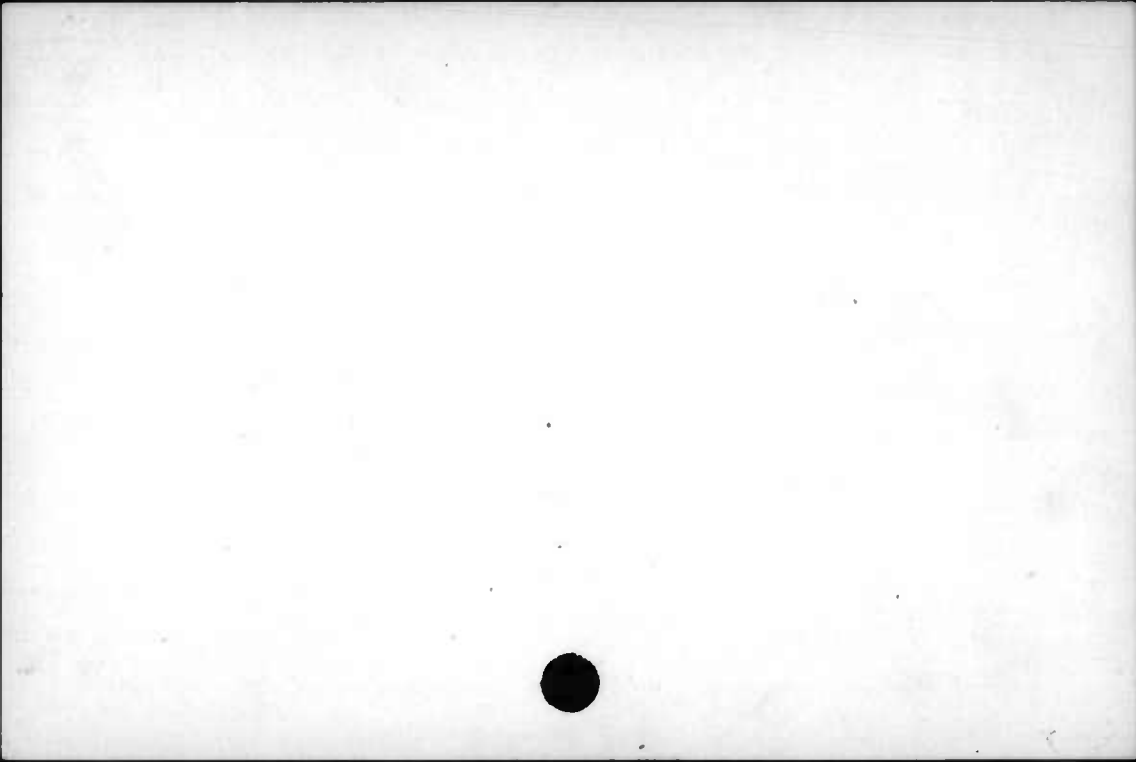
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Otto Leutter, Jr. -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hopkinton</u>		Town <u>Balto</u>		County	
Date of death	1907	Month <u>2</u>	Day <u>4</u>	Age <u>1</u>	Years <u>1</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>---</u>		Birth-place	<u>414, Borden St.</u>	
Where Residing if not at place of death			<u>---</u>		
<input checked="" type="checkbox"/> Married, Single			Name of Wife or Husband		
<input checked="" type="checkbox"/> Widowed					
Father's Name	<u>Otto Leutter</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Kate Froehlich</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Otto Leutter</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature birth</u>	How long	<u>2</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. C. Schepfer</u>
		Address	<u>1400 Fresh St.</u>
Accident or Suicide?	<u>---</u>		

Wanderer
Mr. Cawel,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clear Hill (near Parkton) Balto* CountyDate of death *1907* Month *2* Day *8* Age *56* Years Months *0* Days *0*Sex *Female* Color or Race *White* Birth-place *Balto Co.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Henry Lewin*Father's Birthplace *England*Mother's Maiden Name *Frances Parr Lewin*Mother's Birthplace *Balto.*Name of person giving information *F. P. Lewin*How related to deceased *Brother*

CAUSES OF DEATH

Primary

There were no indications

How long

Immediate

Cerebral Hemorrhage

How long

Instantaneous

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Daniel V. Moyer M.D.

Address

*Maryland Suite
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

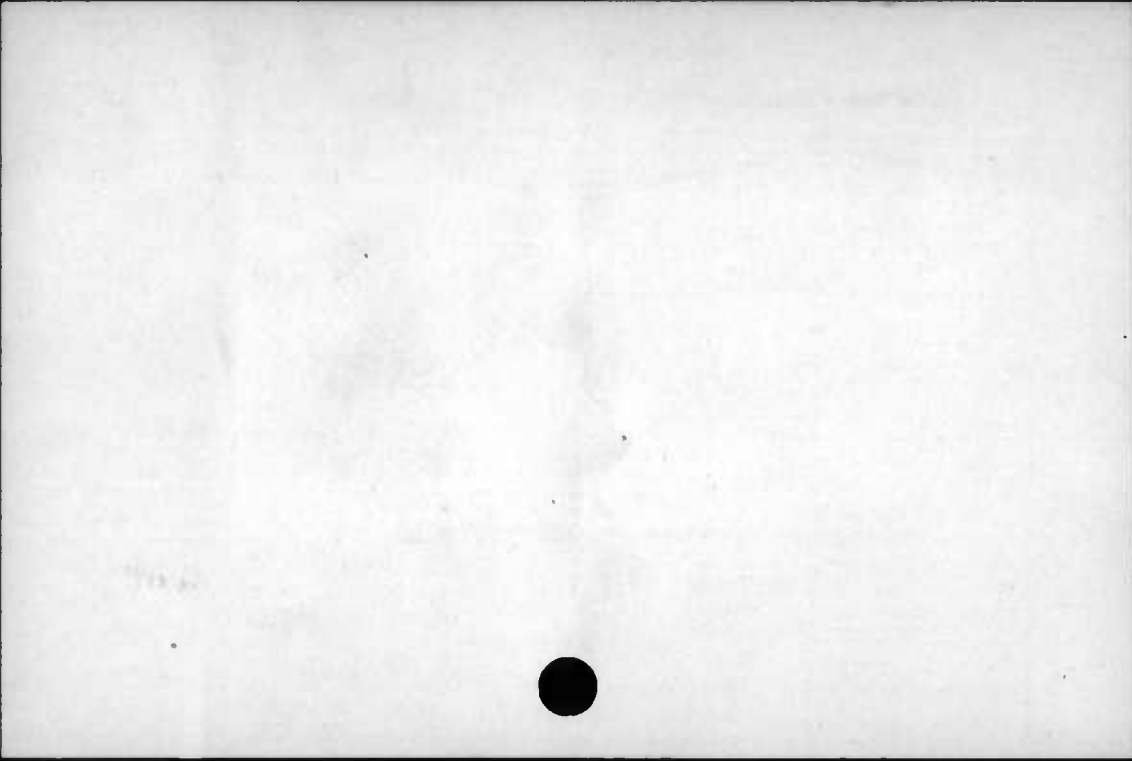
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Margaret Ann Sinderman</i>		Town <i>Sparrows Point</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	2	Day	13	Age	72
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband <i>Wm H Sinderman</i>			
Father's Name	<i>Richard Hossett</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	<i>W H Sinderman</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>5 or 6 yrs.</i>
Immediate	<i>Colitis</i>	How long	<i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm H Sinderman</i>	
		Address <i>Sparrows Point Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb.</i>	Day	<i>8</i>
Age	<i>66</i>	Years	<i>10</i>	Months	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Wales</i>
Occupation	<i>Labour</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Jane L Lloyd</i>			
Father's Name	<i>John L Lloyd</i>			Father's Birthplace	<i>Wales</i>
Mother's Maiden Name	<i>Gwendolyn Hughes</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Jane L Lloyd</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Cardiac Syncope</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>1/80</i>	Signature of Physician	<i>D.W. Jones M.D.</i>
		Address	<i>3116 Wisconsin St.</i>
Accident or Suicide? <input checked="" type="checkbox"/>			

1
PHYSICIAN
OR CORONER

No. James,

Prof. Cornell.

Name
in
Full

John G. Loeffler

CERTIFICATE OF DEATH

Died at Canton <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1907	Feb. <small>Month</small>	1st <small>Day</small>	Age 36 <small>Years</small>	6 <small>Months</small>	6 <small>Days</small>
Sex Male	Color or Race White	Birth-place Germany			
Occupation Saloon Keeper	Where Residing if not at place of death _____				
Married, Single or Widowed Married	Name of Wife or Husband Cecilia Becker Loeffler				
Father's Name George Loeffler	Father's Birthplace Germany				
Mother's Maiden Name Catherine Greber	Mother's Birthplace Germany				
Name of person giving information Cecilia Loeffler	How related to deceased Wife				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary- Birthmark of heart	How long 3 months
Immediate Heart failure	How long 1
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. H. [Signature]
	Address 1106 [Signature]
Accident or Suicide?	

PHYSICIAN
OR CORONER
1

Sacred Heart Cemetery

Feb. 4th 1907

Germanus France

under the

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas L. Lomax

Died at Pikesville ^{Town} Baltimore ^{County} MARYLAND

Date of death 1907 ^{Month} 2 ^{Day} 28 ^{Years} 71 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place va.

Occupation Commercial Traveler Where Residing if not at place of death Pikesville

Married, Single or Widowed Married Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information H. H. Matthews How related to deceased None

CAUSES OF DEATH

Primary Apoplexy (64) How long 3 hours

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. E. M.
Pikesville Md

Accident or Suicide?

PHYSICIAN
OR CORONER

1

London Park

Jacob H. Kraft.

Name
in
Full

Augusta M. M. Cleary
Town Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Died at Lauranville
Date of death 1907 Month 2 Day 27 Age 29 Years 5 Months 19 Days

Sex Female Color or Race White Birth-place Md

Married, Single or Widowed Married Occupation None

Name of Wife or Husband George B. M. Cleary

Father's Name William H. Simulung Father's Birthplace Md.

Mother's Maiden Name Emma Keisi Mother's Birthplace Md.

Name of person giving information Geo B. M. Cleary How related to deceased Husband.

CAUSES OF DEATH

Primary Pulmonary Phthisis (27) How long Three years
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. Gallnath Barling M.D.

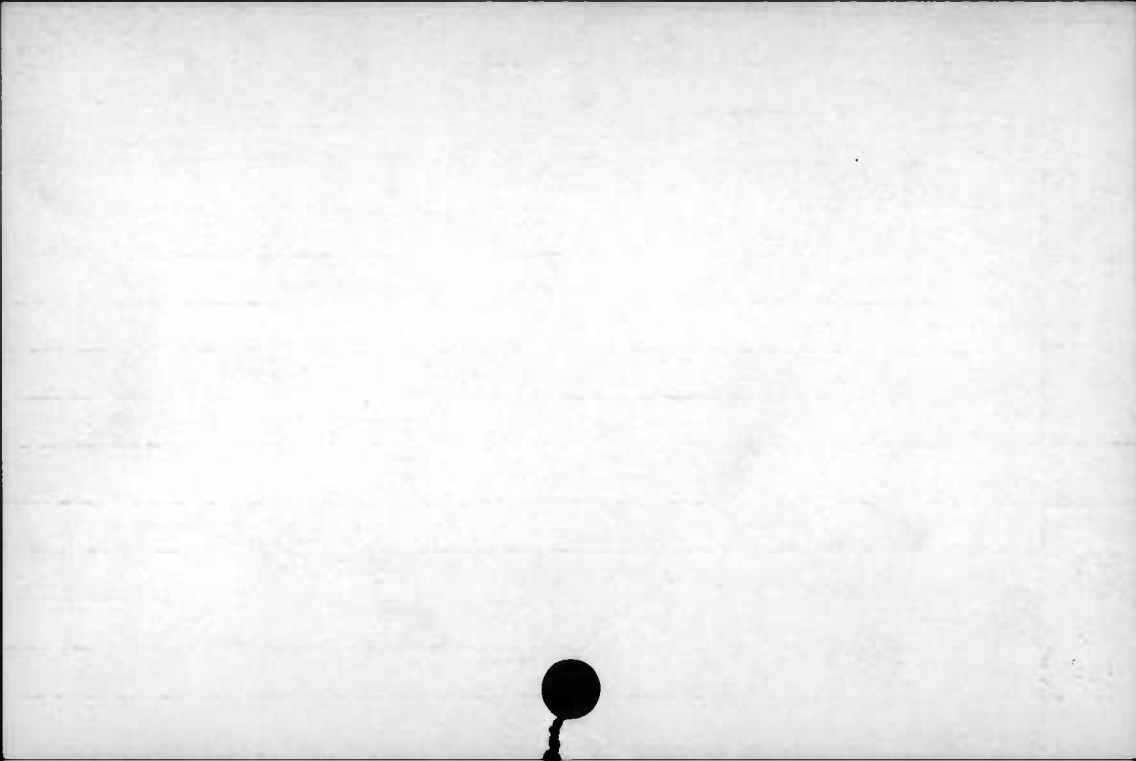
Address Lauranville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR
CORONER

1



Name
in
Full

George L. McGuire

CERTIFICATE OF DEATH

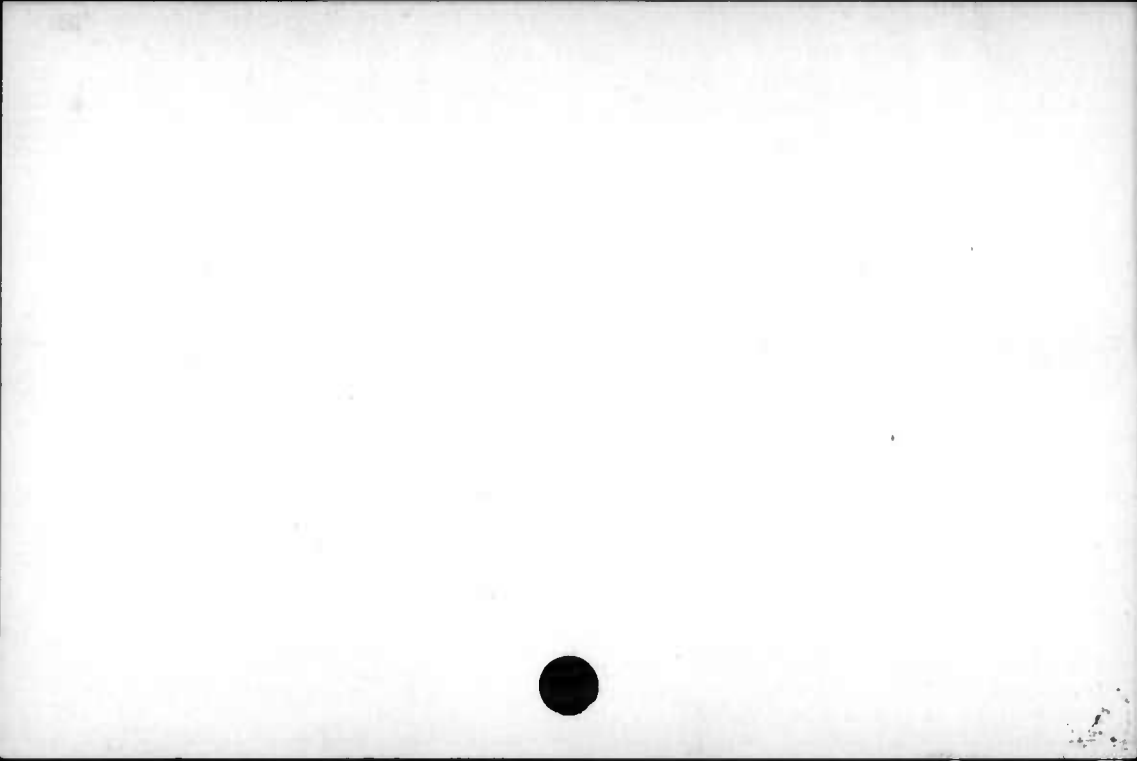
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	23rd	Age	63
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ba.</i>		Months <i>Unknown</i> Days <i>Unknown</i>	
Occupation <i>Ex Confed. Soldier</i>		Where Residing if not at place of death <i>Do. Home - Pikesville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>UI</i>		Mother's Birthplace <i>II</i>					
Name of person giving information <i>Recd. Mt Hope</i>		How related to deceased <i>Not at all.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia -</i>	How long <i>abt 1 year</i>
Immediate <i>Ex. Pneumonia</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat</i>
	<i>Mt Hope Md -</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Patrick McElmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1907		Feb.		13	
Sex		male		Color or Race		white	
Occupation		none		Where Residing if not at place of death		Ireland	
Married, Single or Widowed		Single		Name of Wife or Husband		Same	
Father's Name		don't know		Father's Birthplace		don't know	
Mother's Maiden Name		don't know		Mother's Birthplace		don't know	
Name of person giving information		Patrick Hagerdy		How related to deceased		none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Congestion	How long	3 days
Immediate	Exhaustion & Coma	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. D. Shipley	
Address		Baltimore Md	
Accident or Suicide?		—	



Name
in
Full

Richard Mackae

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Haworthum</u> ^{Town}		<u>Bach</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>23</u>	Age <u>60</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Ind.</u>			
Occupation <u>Ironer</u>	Where Residing If not at place of death <u>Haworthum</u>				
Married, <u>—</u>	Name of Wife or Husband <u>Sarah Isaacs.</u>				
Father's Name <u>Abraham Mackae</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Mary Mackae</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Thas Mackae</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

Primary <u>In Guffin</u>	How long <u>several days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. E. Mose</u>
	Address <u>Pikeville Ind.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1

Samuel H. Chase

Mt. Zion Cemetery

Name
in
Full

Mrs Nellie A. Mahon

CERTIFICATE OF DEATH

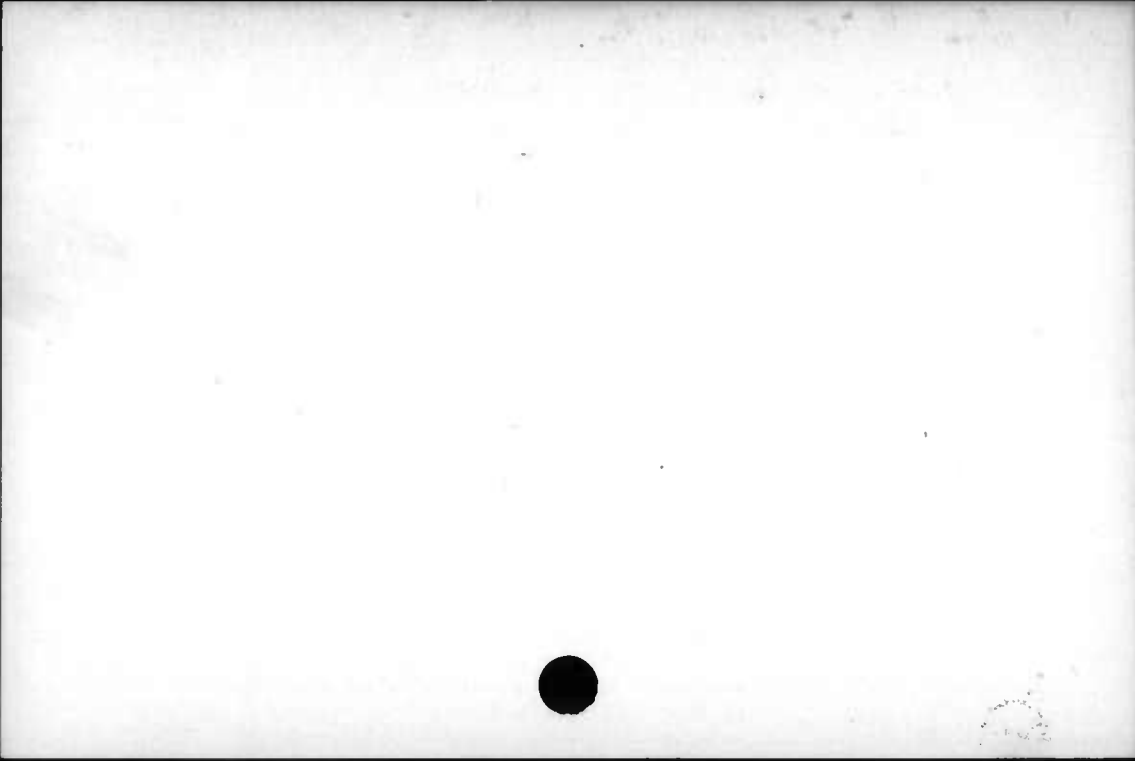
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>42</i>	Years	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Louiseville Ky-</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Jacksonville Fla.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Reeds Mt Hope Retreat</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Melancholia</i>	How long <i>abt 10 mos -</i>
Immediate <i>Ex - Auto Toxic - Diarrhoea</i>	How long <i>abt 2 wks -</i>
Are the name, age, sex, color, date and place correctly given above <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Baltimore Co Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Thos. J. Mahoney Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

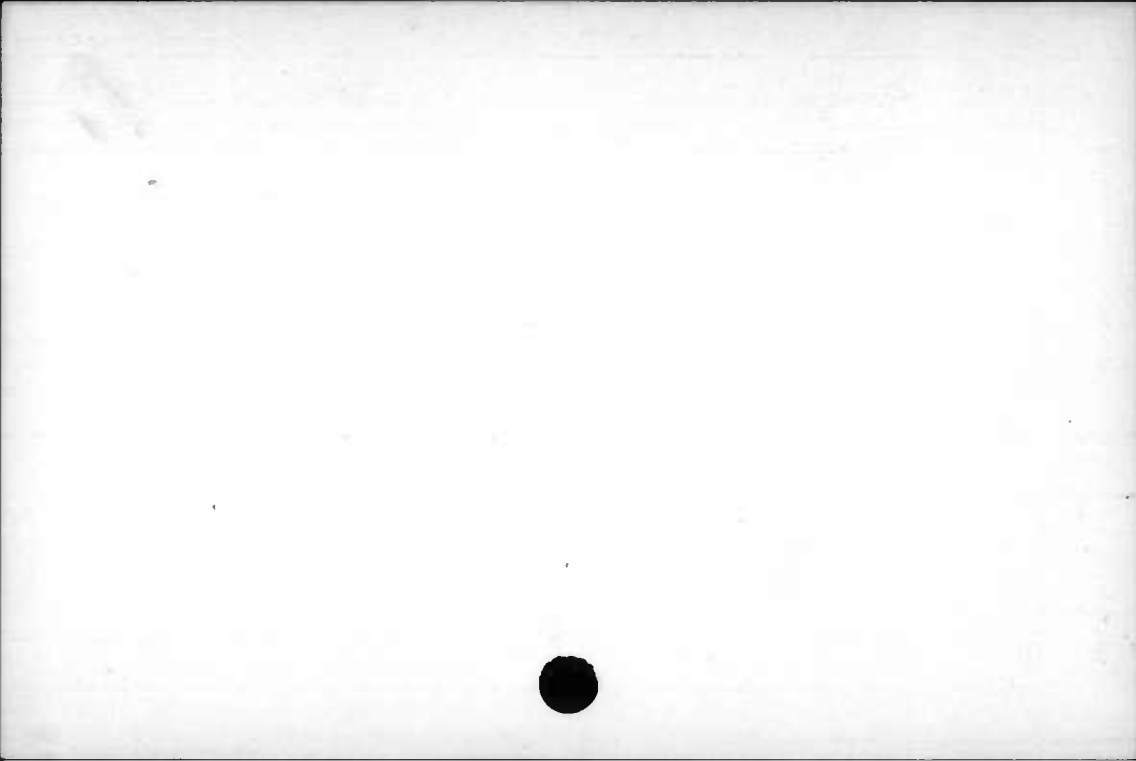
Died at		Town <i>Sparrows Pt.</i>		County <i>Balts.</i>		MARYLAND	
Date of death	1907	Month <i>Feb</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Sparrows Pt.</i>		Occupation <i>—</i>		
Where Residing if not at place of death <i>Sparrows Pt.</i>				Married, Single or Widowed <i>Single</i>			
Name of Wife or Husband <i>—</i>				Father's Name <i>Thos. Mahoney Sr.</i>			
Mother's Maiden Name <i>Mary Williams</i>				Father's Birthplace <i>Ireland</i>			
Name of person giving In formation <i>Thos. Mahoney Sr.</i>				Mother's Birthplace <i>Wales</i>			
				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

①

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Pettekin M.D.</i>
Address <i>Sparrows Pt. Md.</i>	
Accident or Suicide? <i>—</i>	



Name
in
FullAlexander Agnew Martin (~~Storfolk~~ ~~the~~)

CERTIFICATE OF DEATH

Sheppard & E. P. Town
Died at Norfolk TownCounty
Baltimore

MARYLAND

Date
of death 1907Month
2Day
10Age
54

Years

Months

Days

Sex
MaleColor or
Race

White

Birth-
place

Storfolk Va

Occupation

Hard-ware Merchant

Where Residing if not
at place of deathPortsmouth
Storfolk Va VaMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

aw. Martin

Father's
Birthplace

Va

Mother's
Maiden Name

Virginia A. Porter

Mother's
Birthplace

Va.

Name of person giving
In formation

E. N. Bush

How related
to deceased

Physician

CAUSE OF DEATH

Primary

Insanity (Melancholia)

How long

6 Mos

Immediate

Acute Enteritis

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. N. Bush

Address

THE SHEPPARD & EPOCH PRATT HOSPITAL,

Accident or Suicide?

Town Baltimore Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Geo. J. Smith Co.

1000 W. Myrtle St.

o Norfolk

Va.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lansdowne</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>2</u> <small>Day</small> <u>1</u>		Age <u>21</u> <small>Years</small>	
		Sex <u>Male</u>		Color or Race <u>white</u>	
		Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Lansdowne</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____	
		Father's Name _____		Father's Birthplace _____	
		Mother's Maiden Name _____		Mother's Birthplace _____	
		Name of person giving information <u>J. R. Liple</u>		How related to deceased <u>None</u>	
PHYSICIAN OR CORONER		CAUSES OF DEATH			
		Primary <u>Struck by B. & O. Railroad Cars</u>		How long _____	
		Immediate <u>Body crushed</u>		How long _____	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>August W. Miller</u>	
1		Address <u>Mr. Williams</u>		Md.	
		Accident or Suicide <u>Accident</u>			

Nicholas Fink)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> Town		<i>Buck</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Loph Meier</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace		
Mother's Maiden Name	How related to deceased <i>Son</i>				
Name of person giving information <i>Wm Meier</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm D. Corse M.D.</i>
	Address <i>Gardenville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Georgetown) Valentine Müller
 Died at Georgetown Town Balto County
 Date of death 1904 Month 2 Day 21 Age 75 Years 11 Months 4 Days
 Sex male Color or Race white Birth-place Germany
 Occupation Laborer Where Residing if not at place of death 1 Beechmont Court
 Married, Single or Widowed Single Name of Wife or Husband Mary Müller
 Father's Name Not Known Father's Birthplace Germany
 Mother's Maiden Name " Mother's Birthplace "
 Name of person giving information Frank Müller How related to deceased Son

CAUSES OF DEATH

Primary

Apoplexy

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

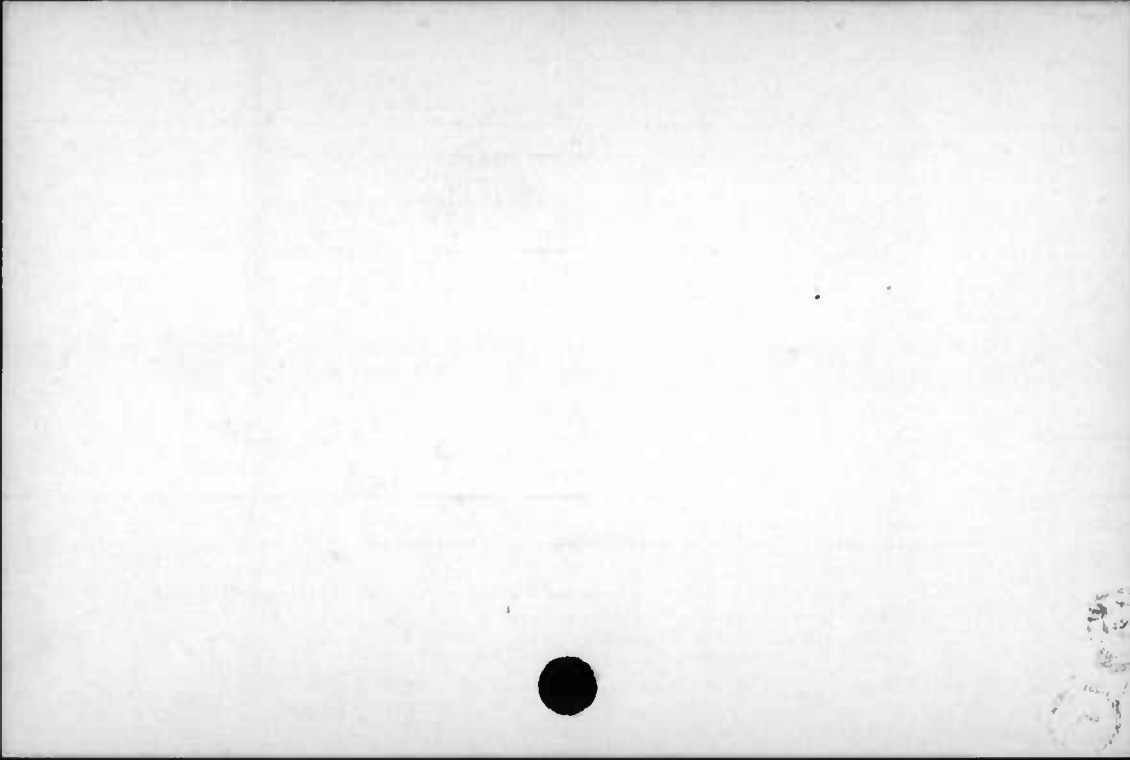
Yes

Signature of Physician

Address

W. D. Corne
Gardenville
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

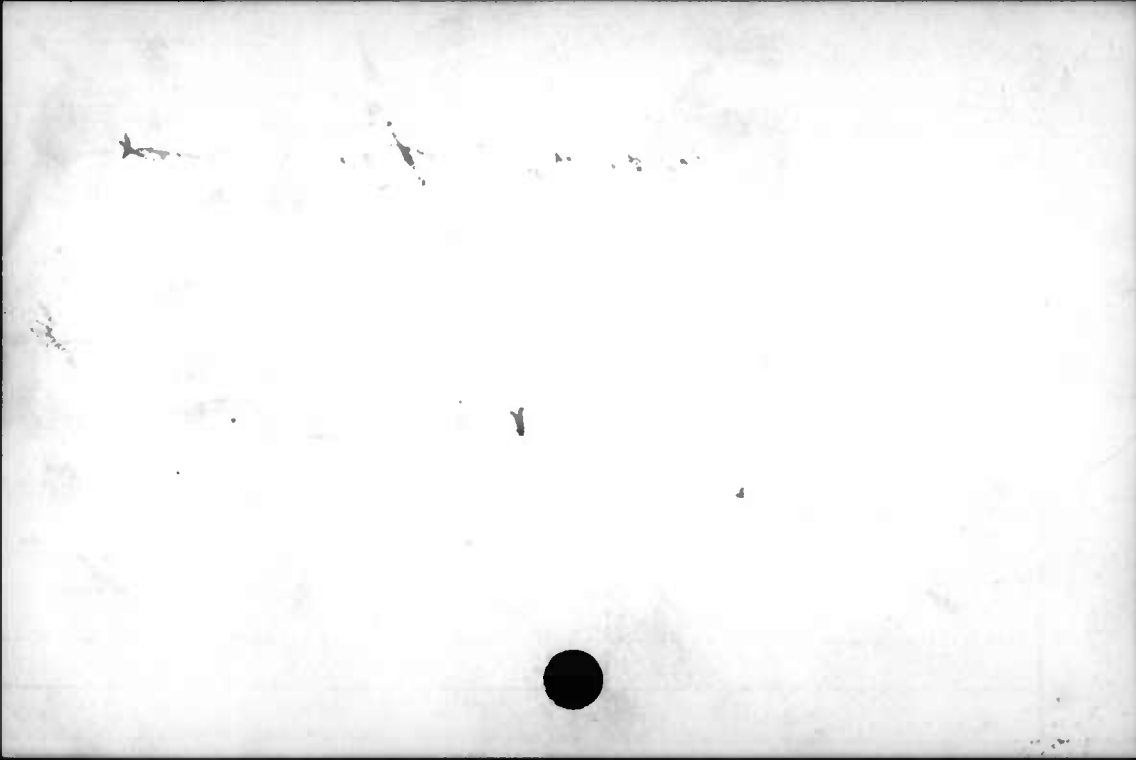
MARYLAND

Died at *Archibald Monroe* Town *Mt Vernon* County *Balt.*Date of death *1907* Month *Feb.* Day *22* Age *1* Years Months *—* Days *16*Sex *male* Color or Race *colored* Birth-place *Baltimore*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Arthur Monroe* Father's Birthplace *Baltimore*Mother's Maiden Name *Ranie Freund* Mother's Birthplace *Baltimore*Name of person giving information *Arthur Monroe* How related to deceased *father*

CAUSES OF DEATH

Primary *Pneumonia* How long *2 days*
Immediate *convulsions* How long *4 hours*Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *D. V. Glavin*Address *Mt Vernon**Md.*

Accident or Suicide?



Name
in
Full

Sarah Fenwick Monmouth.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} *Dicksville* ^{Town} *Dicksville* ^{County} *Bathurst Co.* ^{MARYLAND}

Date of death *1907* ^{Month} *July* ^{Day} *27* ^{Age} *27* ^{Years} *1* ^{Months} *1* ^{Days}

Sex *Female* ^{Color or Race} *White* ^{Birth-place} *Dicksville*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Joseph Carroll Monmouth

Father's Birthplace

Ind.

Mother's Maiden Name

Helen Fenwick Burr.

Mother's Birthplace

Florida

Name of person giving information

How related to deceased

Father

CAUSES OF DEATH

Primary

Influenza

How long

4 days.

Immediate

Cardiac Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Joseph Carroll Monmouth.
Dicksville, Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER

H W Jenkins & Sons Company
Bonnie Bray Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

"Baby" More
Roland Park

Town

Baltimore

County

Date

of death

1907 Feb

Month

Day

6

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Roland Park Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Roland More

Father's
Birthplace

Maryland

Mother's
Maiden Name

Emma J. Kemmer

Mother's
BirthplaceName of person giving
Information

Clinton Kemmer

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Premature Birth (7 1/2 lbs)

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

M. Gibson Porter
Roland Park Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

1

St Marys. Governor

Feb 7-07

A S Marys Hall

3539 Falls Road

City

Name
in
Full

CERTIFICATE OF DEATH

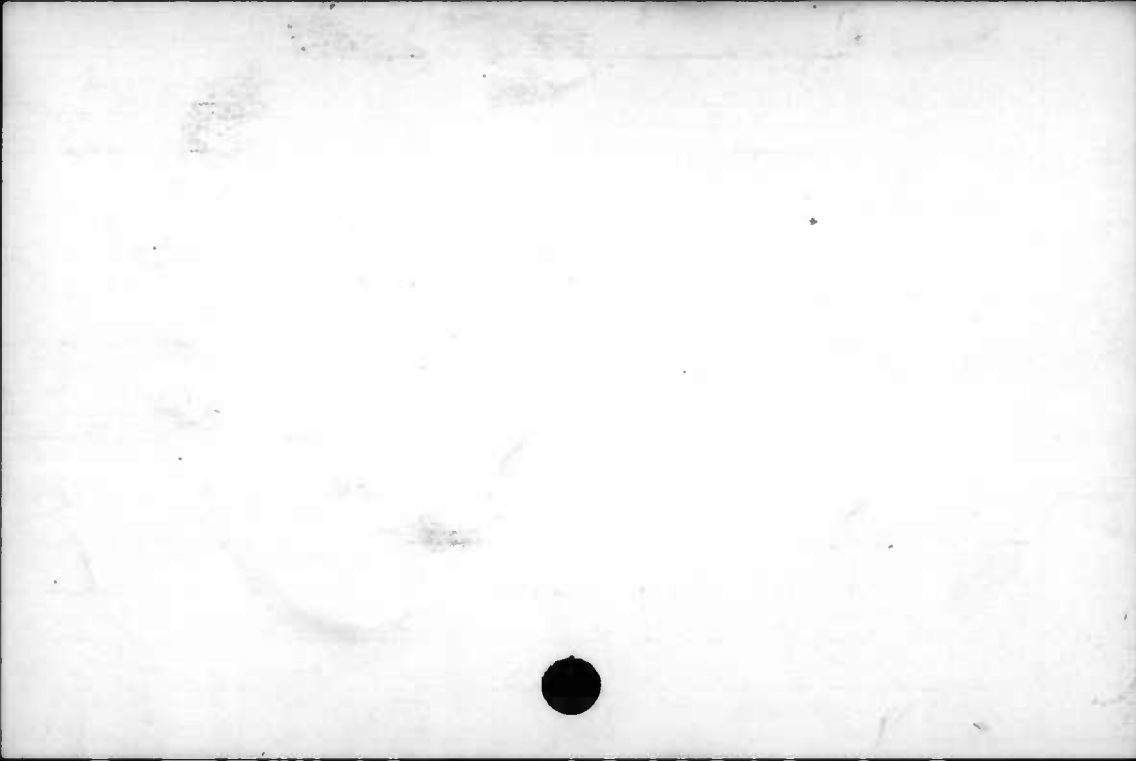
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Soldiers Delight</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>20</i>	Age <i>76</i>	Years	Months <i>0</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. A. Cross</i>						
Father's Name <i>Don't know</i>	Father's Birthplace						
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace						
Name of person giving information <i>Mrs E. A. Morgan</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Sargus</i>	How long <i>Two years</i>
Immediate <i>Suffocation</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. H. Ward, M.D.</i>
	Address <i>Harmerville</i>
	<i>Balto. Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Verda May A. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i> ^{Town}		County <i>Balto</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>10</i>	Months <i>8</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>N. lute</i>	Birth-place <i>Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Halethorpe</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Owen J. Murphy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Annice E. Tunnely</i>	Mother's Birthplace <i>Wash. D.C.</i>				
Name of person giving information <i>Annice E. Murphy</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	

Signature of Physician

E. Miller, Recd. H.S.

Address

904 N. Fremont Ave.

Accident or Suicide?

Crowley Bros
Undertakers
25 N. Fulton Ave
Place of Burial
New Cathedral

Name
in
Full

Jacob Nagel

CERTIFICATE OF DEATH

Died at *Westport* ^{Town}*Baltimore* ^{County} *Co*

MARYLAND

Date of death *1907* ^{Month} *Feb.*^{Day} *5*Age ^{Years} *49*^{Months} *11*^{Days} *13*Sex *Male*Color or Race *White*Birth-place *Germany*Occupation *Paver*Where Residing if not at place of death *311 Cedar St. Westport*Married, Single or Widowed *Married*Name of Wife or Husband *Margaret Nagel*Father's Name *Jacob Nagel*Father's Birthplace *Germany*Mother's Maiden Name *Unknown*Mother's Birthplace *Germany*Name of person giving information *Margaret Nagel*How related to deceased *Wife*

CAUSES OF DEATH

Primary *Pneumonia*How long *8 ds.*Immediate *Acute Pulmonary*How long *36 hours.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. E. Bianchi M.D.

Address

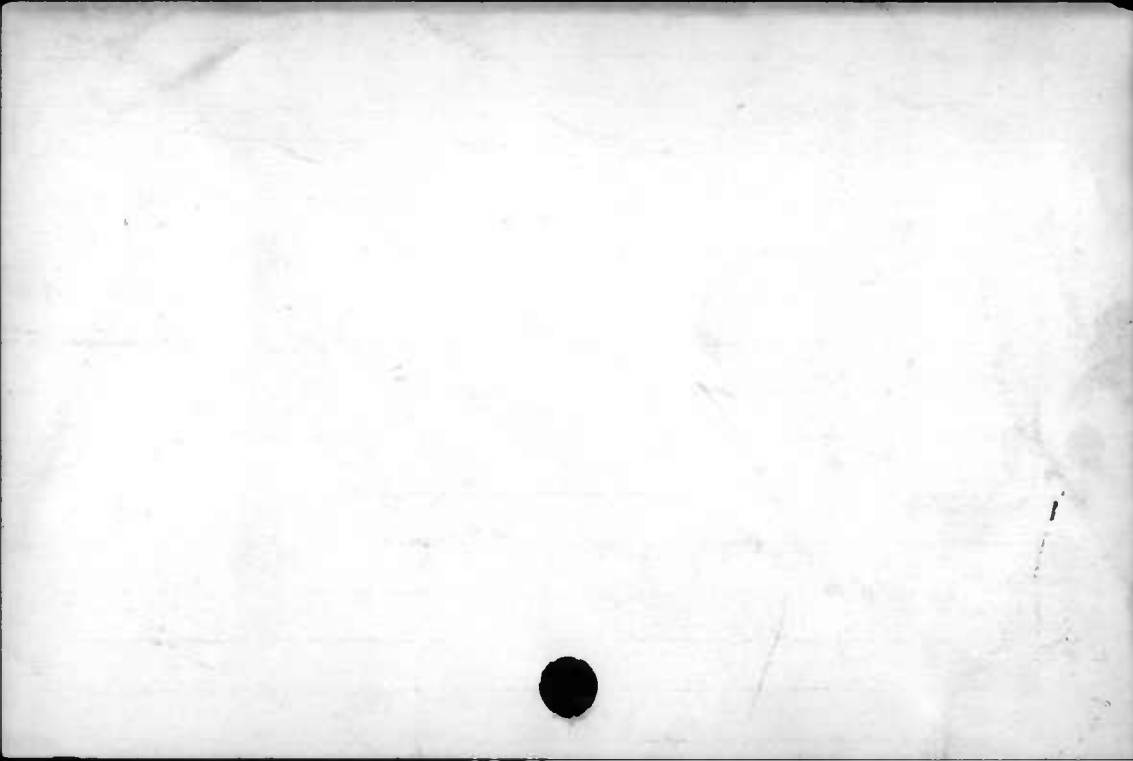
*400 Hanover St**Baltimore*

Accident or Suicide?

LIBRARY BUREAU A66616

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJosephine Neal
Died at Bowen Town

County

Baltimore

MARYLAND

Date of death 1907 Feb. 3 Age 31 Months — Days —

Sex Female Color or Race Cal Birth-place Md.Occupation Housewife Where Residing if not at place of death BowenMarried, Single Single Name of Wife or Husband —Father's Name Joseph G. Neal Father's Birthplace VaMother's Maiden Name Lena Covington Mother's Birthplace VaName of person giving information John W. Neal How related to deceased Brother

CAUSES OF DEATH

Primary Effused liver Could not get full attention How long 3 weeksImmediate Exhaustion How long 6 daysAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. Gayles Dean M.D.Address Bowen Md.PHYSICIAN
OR CORONER

FEB 4 1899

102 E Mulberry St
Ballwin City Mo
Laurel Conductor

FEK 61904

Name
in
Full

Virginia Temperance Volting

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Feb.</i>	<i>20</i> <small>Day</small>	<i>63</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>6</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Richmond Va.</i>			
Occupation		Where Residing if not at place of death <i>as above</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>A. W. Volting Jr.</i>				
Father's Name <i>Robert J. Higgins</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Ann Eliza Greenet</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Mrs. J. Volting</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Intestinal - Malignant</i>	<i>41</i> <small>How long</small>	<i>Some 5 years</i>
Immediate <i>Exhaustion - Cirrhosis</i>	<i>2 weeks</i> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Kemp</i>	Address <i>8 W 2.5th</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER

①

London Park City

Stewart & Mowen & Co
215 Park Ave

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Henry Nott

Died at ^{Town} *Beckleysville* ^{County} *Baltimore* **MARYLAND**

Date of death ^{Month} *Feb.* ^{Day} *25th* ^{Years} *1907* Age ^{Months} *1* ^{Days} *25*

Sex *Male* Color or Race *White* Birth-place *Beckleysville*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Infant* Name of Wife or Husband _____

Father's Name *Cleveland Nott*

Father's Birthplace *Roller Md.*

Mother's Maiden Name _____

Mother's Birthplace *Beckleysville*

Name of person giving information *Parents*

How related to deceased _____

CAUSES OF DEATH

Primary *Croupal Pneumonia* *93* How long *Don't know definite*

Immediate *Active congestion of lungs* How long *Eight to ten hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Harris M. D.*

Address *Freeland Md.*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Violtville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>3</i> ^{Day}	Age <i>14</i> ^{Years}	<i>9</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Helper on machine</i>	Where Residing if not at place of death <i>1720 Eole st.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Adam Novek</i>	Father's Birthplace <i>Prussia (Germany)</i>				
Mother's Maiden Name <i>Louisa Kramer</i>	Mother's Birthplace <i>Hannover (Germany)</i>				
Name of person giving information <i>Adam Novek</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

-PHYSICIAN
OR CORONER

Primary <i>drowning</i>	<i>172</i>	How long _____
Immediate <i>drowning</i>		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank A Bond (Coroner)</i>	Address <i>Violtville. Baltimore County.</i>
Accident or Suicide? <i>Accident</i>		

Jos B. Cook. Undertaker.
London Park Cemetery.

Name
is
Full

Mrs Nellie Odend 'hal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

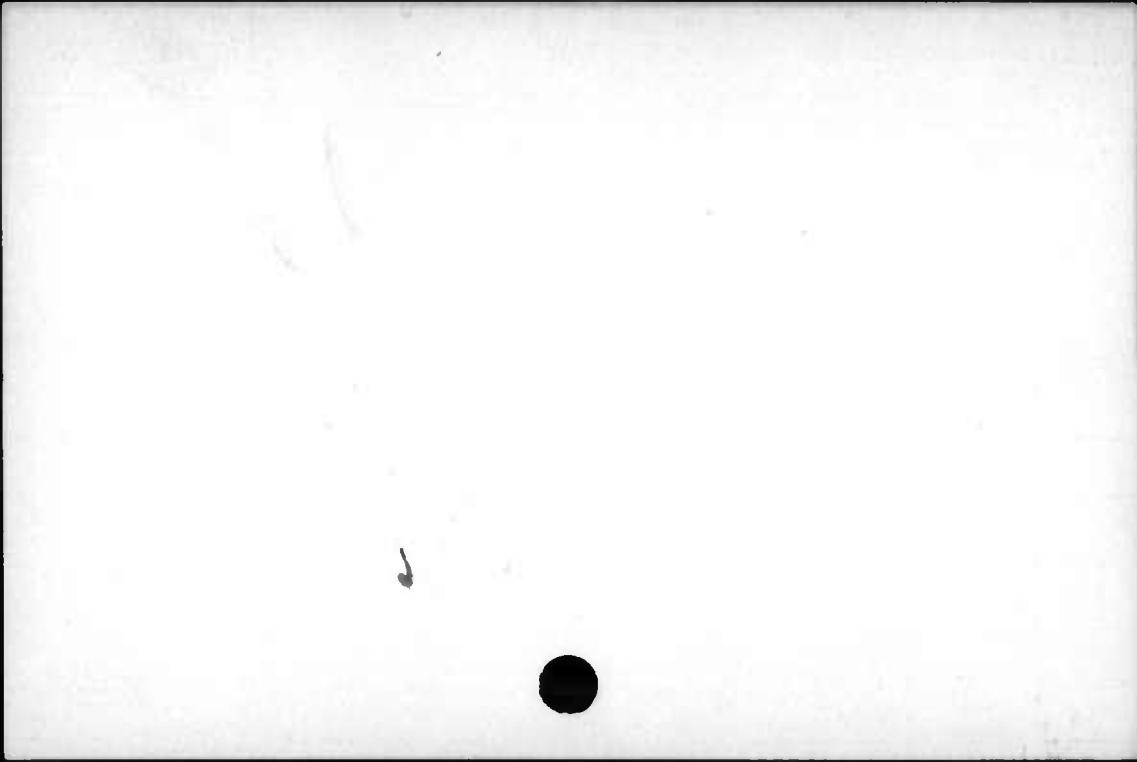
Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb.</i>	Day <i>6</i>	Age <i>45</i>	Years	Months <i>8</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brooklyn N.Y.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Calverdale Ave. Pimlico Rd.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lucien C. Odend 'hal.</i>					
Father's Name <i>Robert Grant</i>		Father's Birthplace <i>Mass.</i>					
Mother's Maiden Name <i>Jouphine Marshall</i>		Mother's Birthplace <i>N.Y.</i>					
Name of person giving information <i>Lucien C Odend 'hal.</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Adynamic ileus.</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. Shaw.</i>	
		Address <i>St. Agnes Hospital.</i>	
Accident or Suicide? <i>No</i>			

108



Name
in
Full

CERTIFICATE OF DEATH

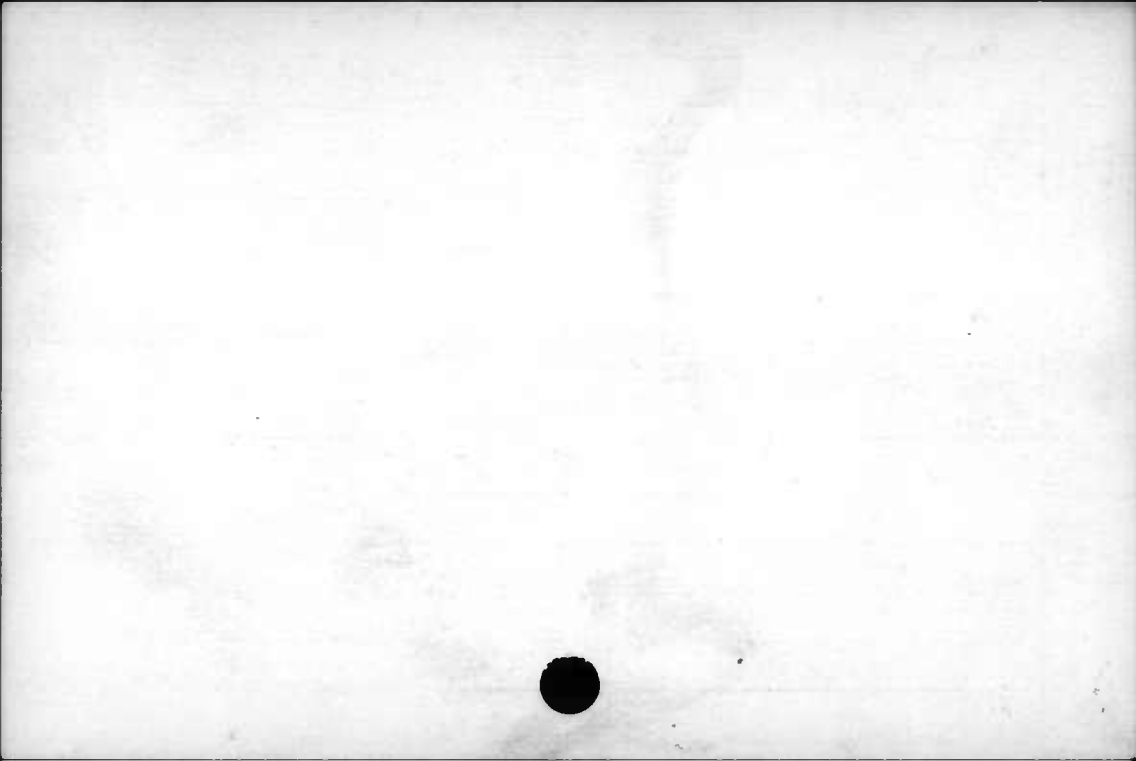
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Special Point</i>		Town <i>Special Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Feb.	Day	28	Age	Years
Sex	Male	Color or Race	White	Months	4	Days	
Occupation				Birth-place	<i>Special Point</i>		
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Prinking Albem</i>				Father's Birthplace	
Mother's Maiden Name		<i>Lilla Gato</i>				Mother's Birthplace	
Name of person giving information		<i>Prinking Albem</i>				How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. C. School m.d.</i>
		Address	<i>Special Point Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Samuel B. Perego

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foulard P.O.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1907	Month <i>Feb.</i>	Day <i>2</i>	Age	Years	Months <i>4</i>	Days <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Daniel Perego</i>				Father's Birthplace <i>Balto. Co</i>			
Mother's Maiden Name <i>Ida B. Sharpe</i>				Mother's Birthplace <i>Balto. Co.</i>			
Name of person giving information <i>Danl. Perego</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

Primary	<i>Typhoid Pneumonia</i>	How long	<i>Ten days</i>
Immediate	<i>Cerebral Meningitis</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Joseph T. Baedwin</i>	
		Address <i>Foulard Baltimore Md.</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Margaret Elizabeth Slag. Peregoy
Town County
Died at Near Reisterstown Baltimore

MARYLAND

Date of death 1907 February Friday Age 3.
Month Day Years Months Days

Sex Female Color or Race White Birth-place Baltimore City

Occupation Infant Where Residing if not at place of death Baltimore County

Married, Single or Widowed Name of Wife or Husband

Father's Name Wm. E. Peregoy Father's Birthplace Baltimore

Mother's Maiden Name Georgie A. Klausman Mother's Birthplace " "

Name of person giving information Wm. E. Peregoy How related to deceased Father

CAUSES OF DEATH

Primary Cerebro-Spinal Meningitis How long 48 hours
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James Gore M.D.
Address Reisterstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

William Thomas (Polson)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i>		Town <i>Baltimore</i>		County		MAYLAND	
Date of death 1907	Month <i>Feb.</i>	Day <i>17th</i>	Age	Years <i>48</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Va</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>Martha Polson</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Martha Polson</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

Primary *base of fract. skull* How long

Immediate *Intra cranial hemorrhage* How long *Immediate*

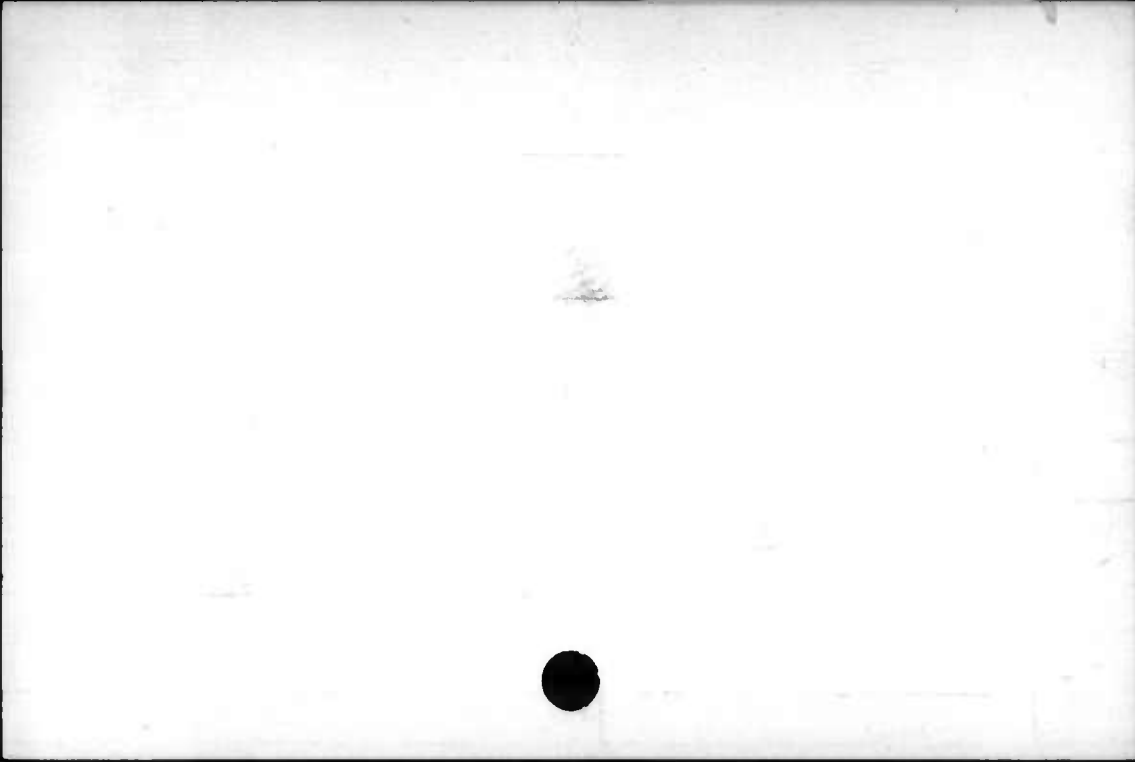
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?

*accident**T. C. M. Cornick M.D.**Sparrows Point**M. f.*



Name
in
Full

William C. Quante

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <u>Hamilton</u>		County <u>Boyle</u>		MARYLAND	
Date of death	1907	Month <u>Feb</u>	Day <u>10</u>	Age Years <u>66</u>	Months Days
Sex <u>Male</u>	Color or Race <u>w.</u>		Birth- place <u>Germany</u>		
Occupation <u>woodcarver</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Katherine Irma Quante</u>			
Father's Name <u>Wm C H. Quante</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>			
Name of person giving In formation <u>Katharine L. Quante</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

Primary	<u>Dilatation of the heart</u>	How long	<u>Unknown</u>
Immediate	<u>Gradual exhalation</u>	How long	<u>6 mtd.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geary L Long, M.D.</u>	
<u>Yes</u>		Address <u>Hamilton Md</u>	
Accident or Suicide?			

De Corse

Wm Cook,

502 North Ave.,

London Park

Feb 12/17.

Name
in
Full

Ignatius Regan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton Town

Baltimore County

MARYLAND

Date of death 1907 Feb. 17

Age Years 3

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Iron

Where Residing if not
at place of death

Md.

Married, Single
or Widowed

single

Name of Wife or
Husband

Md.

Father's
Name

Patrick Regan

Father's
Birthplace

Md.

Mother's
Maiden Name

Margaret Cotten

Mother's
Birthplace

Md.

Name of person giving
In formation

Patrick Regan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

How long

1 week.

Immediate

asthenia

How long

..

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Mr. J. Mcaworth
839 S. Canton St.

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Sacred Heart Cemetery

Feb. 18th 1907

Germanus France

Under the

Name
in
Full

Peter B Reidt

CERTIFICATE OF DEATH

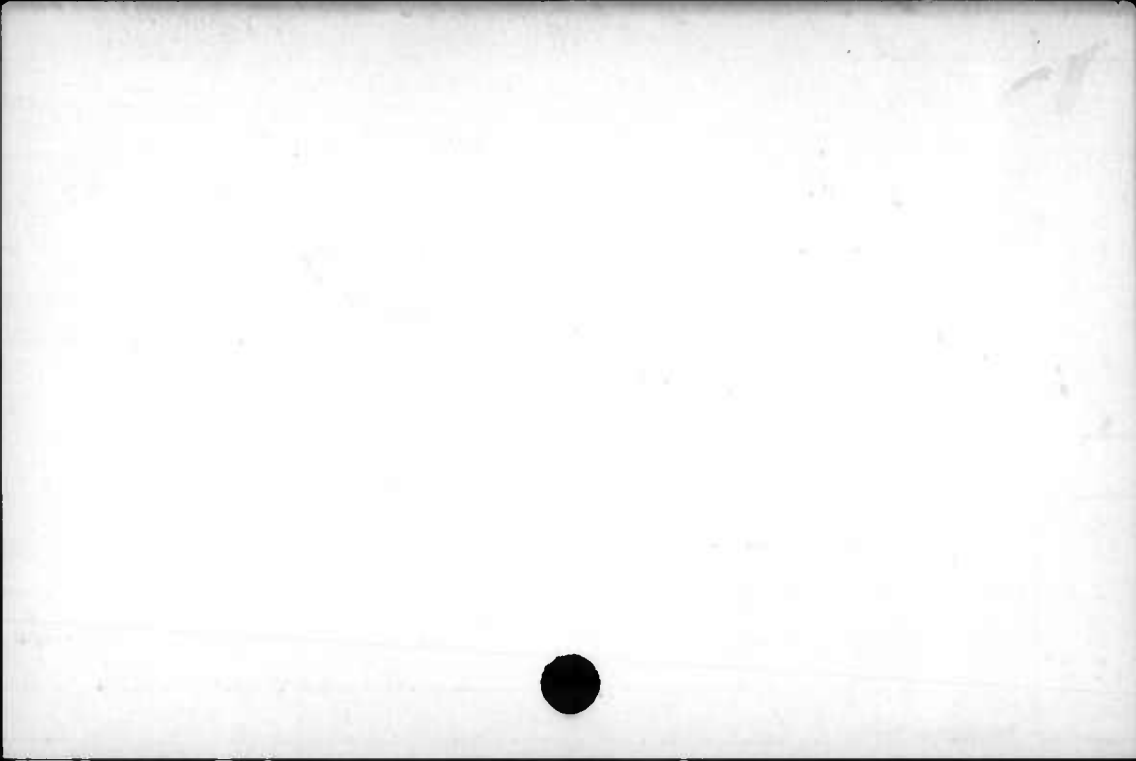
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Learton</u> ^{Town}		<u>Bullo.</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>11</u>	Age <u>69</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>Potter</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Margaretha Reidt</u>			
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>Chas. Reidt</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

Primary	<u>Labor Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. M. H. H. H.</u>	
		Address <u>2 Hudson St.</u>	
Accident or Suicide? <u> </u>			

PHYSICIAN
OR CORONER



Name
in
Full

Mary, Ellen, Bertha, Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lowson</u> Town		<u>Balts.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>1</u>	Age <u>—</u> Years	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>(Col)</u>		Birth-place <u>Mo.</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Lowson</u>				
<input checked="" type="checkbox"/> Single		<input checked="" type="checkbox"/> Name of husband			
Father's Name <u>Isaac Robinson</u>		Father's Birthplace <u>Mo.</u>			
Mother's Maiden Name <u>Maggie Boyer</u>		Mother's Birthplace <u>Mo.</u>			
Name of person giving information <u>Isaac Robinson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Bronchio Pneumonia</u>	How long <u>4 days</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>40 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Boyer M.D.</u>
	Address <u>Lowson Mo.</u>
<u>Accident - Suicide</u>	

PHYSICIAN
OR CORONER

undertaker

Robert A Elliott

Bureau Sandy Bottom Farm

Name
in
Full

George Rohrig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Febry</u> ^{Day} <u>27</u>		Age <u>68</u> ^{Years}		<u>8</u> ^{Months}	<u>15</u> ^{Days}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Germany</u>	
Occupation <u>Stone Cutter</u>		Where Residing if not at place of death <u>232 Hudson St</u>			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Margaret Rohrig</u>			
Father's Name <u>Peter Rohrig</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mary Rohrig</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Margaret Rohrig</u>		How related to deceased <u>Wife</u>			

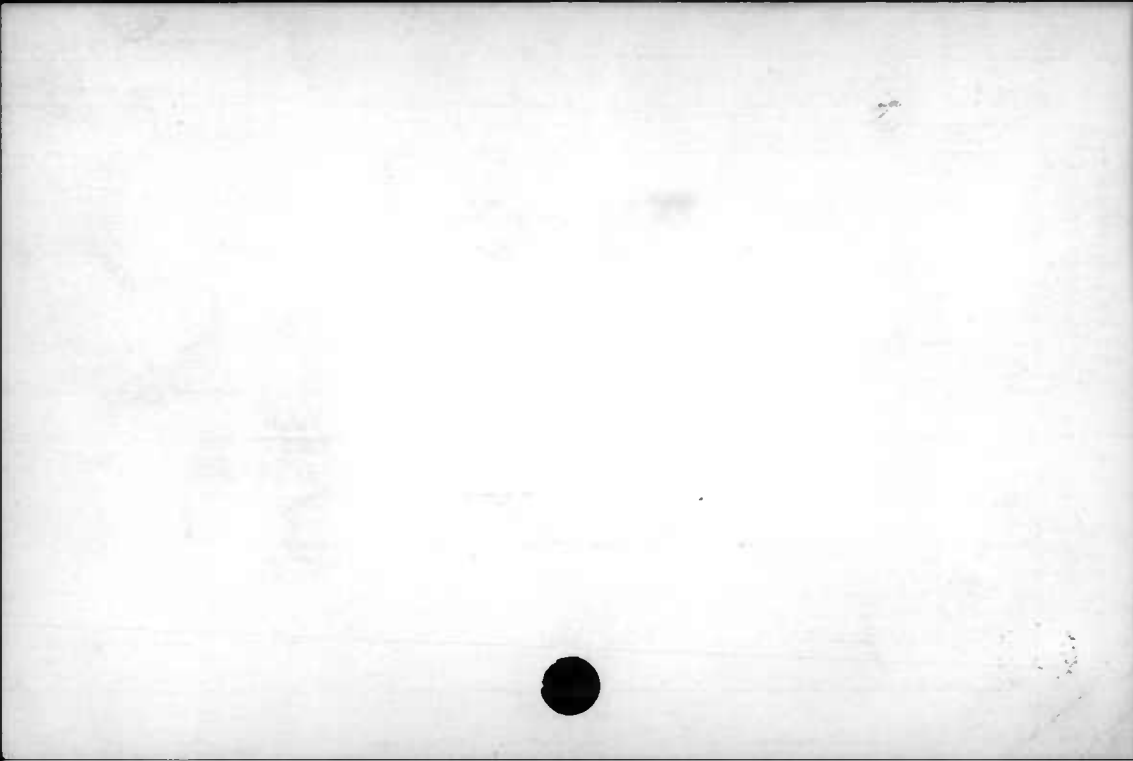
CAUSES OF DEATH

Primary	<u>Heart Trouble</u>	How long	<u>11 months</u>
Immediate	<u>Heart Disease</u>	How long	<u>immediately</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>P.A. Drummigan</u>	
		Address <u>203 Joone St.</u>	
Accident or Suicide? <u>Natural</u>		<u>Coroner</u>	

PHYSICIAN

CORONER

P.A. Drummigan



Name
in
Full

Irene Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cliffords* ^{Town} *Balto* ^{County}
 Date of death 190 *7* ^{Month} *2* ^{Day} *7* ^{Age} *7* ^{Years} *8* ^{Months} *8* ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Cliffords*
 Occupation _____ Where residing if not at place of death _____

☒ Married, Single
☒ Widowed

Name of Wife or Husband

Father's Name *Frederick W. Sanders*Father's Birthplace *Balto*Mother's Maiden Name *Mary E. Keal*Mother's Birthplace *Balto*Name of person giving information *Mary E. Sanders*How related to deceased *mother*

CAUSES OF DEATH

Primary *Convulsions*How long *3 days*Immediate *Exhaustion*

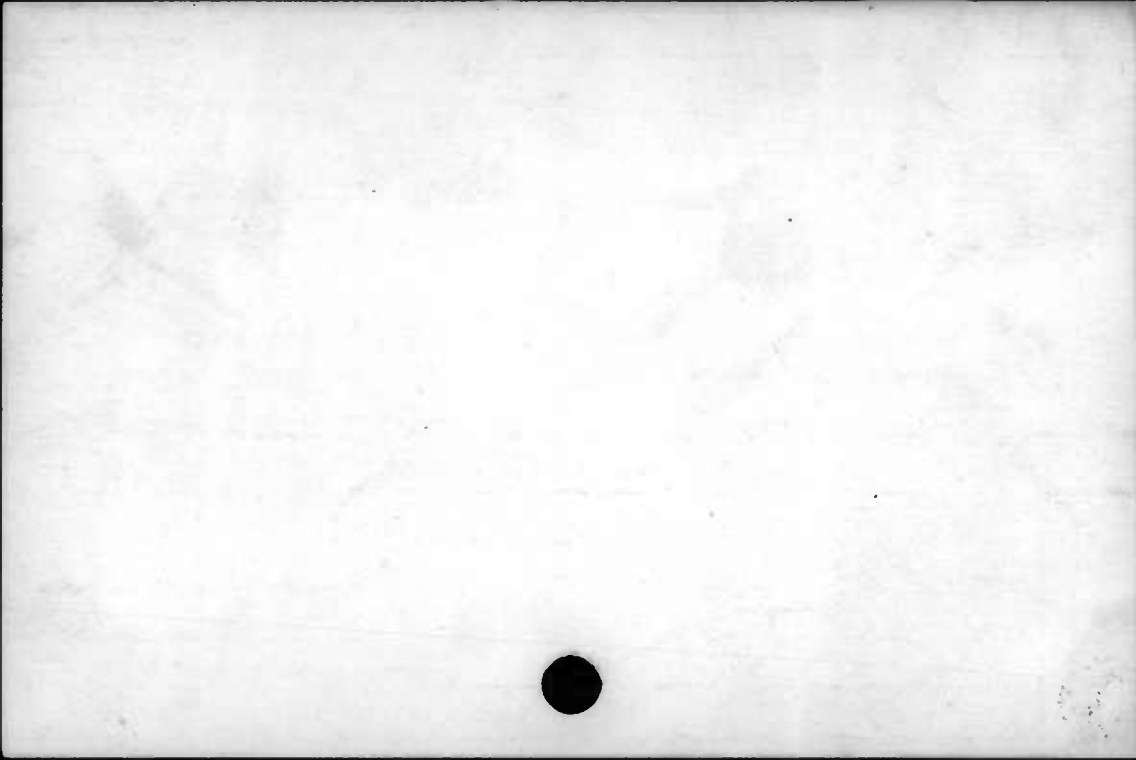
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Thomas Sater

CERTIFICATE OF DEATH

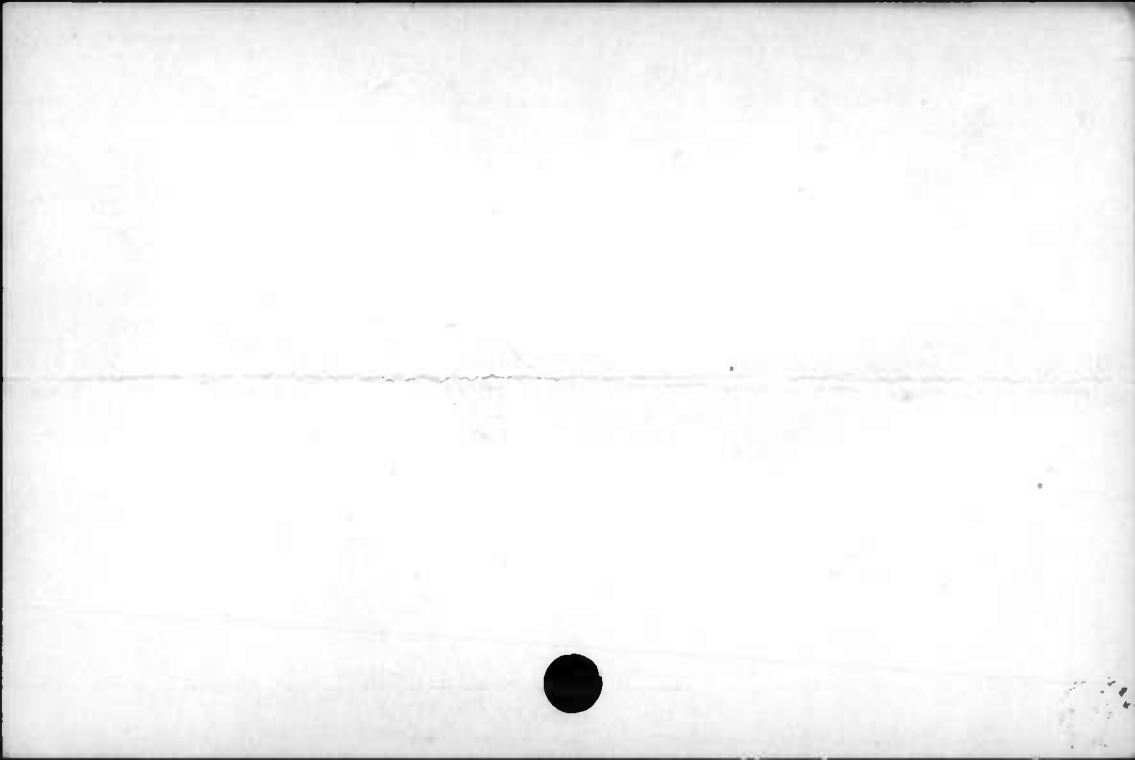
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Herford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	7	Month <i>Feb</i>	Day <i>9</i>	Age Years	98	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Mo</i>
Married, Single or Widowed	<i>Widowed</i>			Occupation	<i>Unemployed</i>		
Name of Wife or Husband	<i>Pauline Sater</i>						
Father's Name	<i>John Sater</i>					Father's Birthplace	<i>Mo</i>
Mother's Maiden Name	<i>Catherine Wilhelm</i>					Mother's Birthplace	<i>Mo</i>
Name of person giving In formation	<i>Catherine Sater</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Heart Failure</i>	How long	<i>6 or 8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. R. Mitchell</i>
		Address	<i>Moulton, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Viola^{town}ville</i>		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>7</i> Feb- ^{Month}	<i>3</i> Day	Age <i>13</i> Years	<i>5</i> Months	<i>27</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Helper on machine</i>		
Name of Wife or Husband _____					
Father's Name <i>Schmidt</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Elizabeth Kall-</i>			Mother's Birthplace <i>Corihessen (Germany)</i>		
Name of person giving information <i>Elizabeth Kall-</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Browning</i>	How long	<i>172</i>
Immediate	<i>Browning</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank A Bond (Coroner)</i>	
Accident or Suicide? <i>Accident-</i>		Address <i>Viola^{town}ville</i> <i>Baltimore County</i>	

Jos B Cork - Undertaker
London Park Cemetery.

Name
in
Full

Emma Schroder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb.</i>	Day <i>27</i>	Age <i>22</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany.</i>			
Occupation <i>Housework.</i>				Where Residing if not at place of death <i>641 Portland St.</i>			
Married, Single or Widowed <i>Single.</i>		Name of Wife or Husband					
Father's Name <i>Geo Schroder</i>				Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Lizzie Schroder</i>				Mother's Birthplace <i>Germany.</i>			
Name of person giving information <i>J. H. Schroder.</i>				How related to deceased <i>Uncle.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abscess Liver.</i>	(114)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. Shaw.</i>	
		Address <i>St Agnes Hospital.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Seidler, August W.

Town *Cleonsville* County *Bullo.* MARYLAND

Died at *Cleonsville*

Date of death **190** *7* Month *Feb* Day *27* Age *40* Months Days

Sex *Male* Color or Race *white* Birth-place *Ind.*

Occupation *Dentist* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or *Mary Shields*

Father's Name *George W. Seidler* Father's Birthplace *Germany*

Mother's Maiden Name *Alphina Ide* Mother's Birthplace *Germany*

Name of person giving information *Mrs Dunn* How related to deceased *Sister*

CAUSES OF DEATH

Primary

General Paresis

How long

4 yrs.

Immediate

Exhaustion

How long

2 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes.

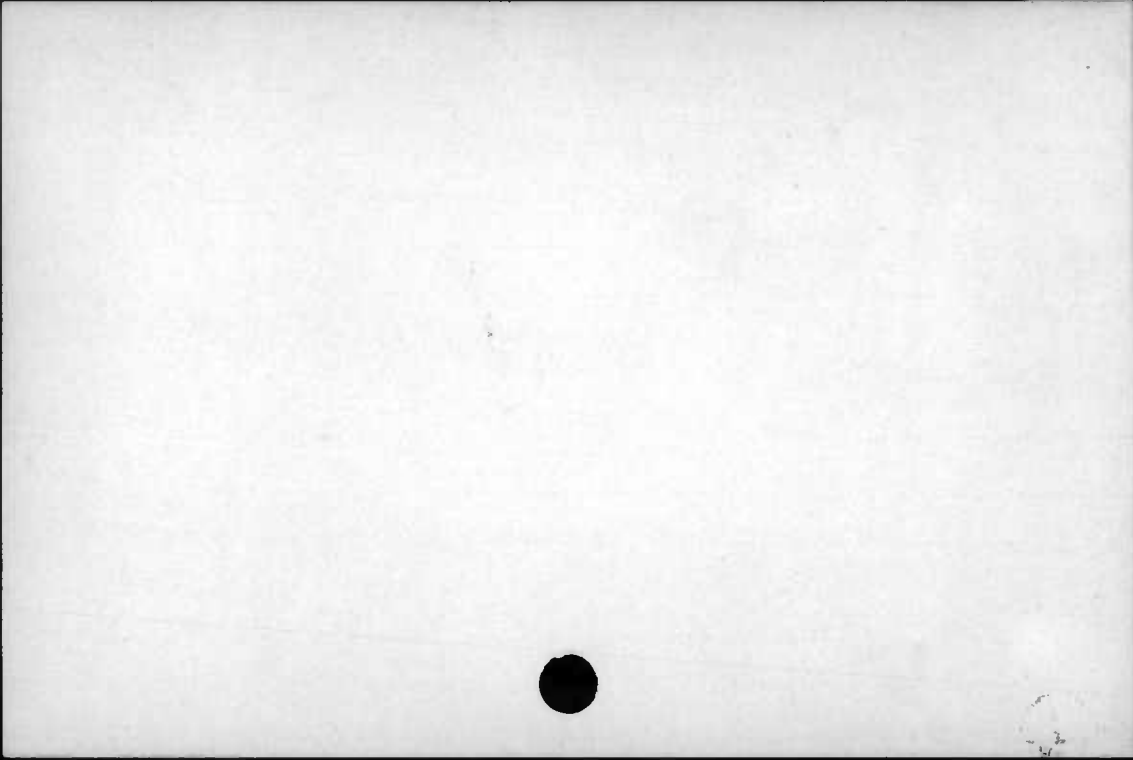
Signature of Physician

Address

John Nade
Cleonsville, Ind.

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Shaffer*

Died at *Rossville* Town *Osado* County

Date of death *1907* Month *July* Day *18* Age *82* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Sophia Haynes*

Father's Name *Abraham Shaffer* Father's Birthplace *MD*

Mother's Maiden Name *-* Mother's Birthplace *-*

Name of person giving information *G. J. Shaffer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *4 years*

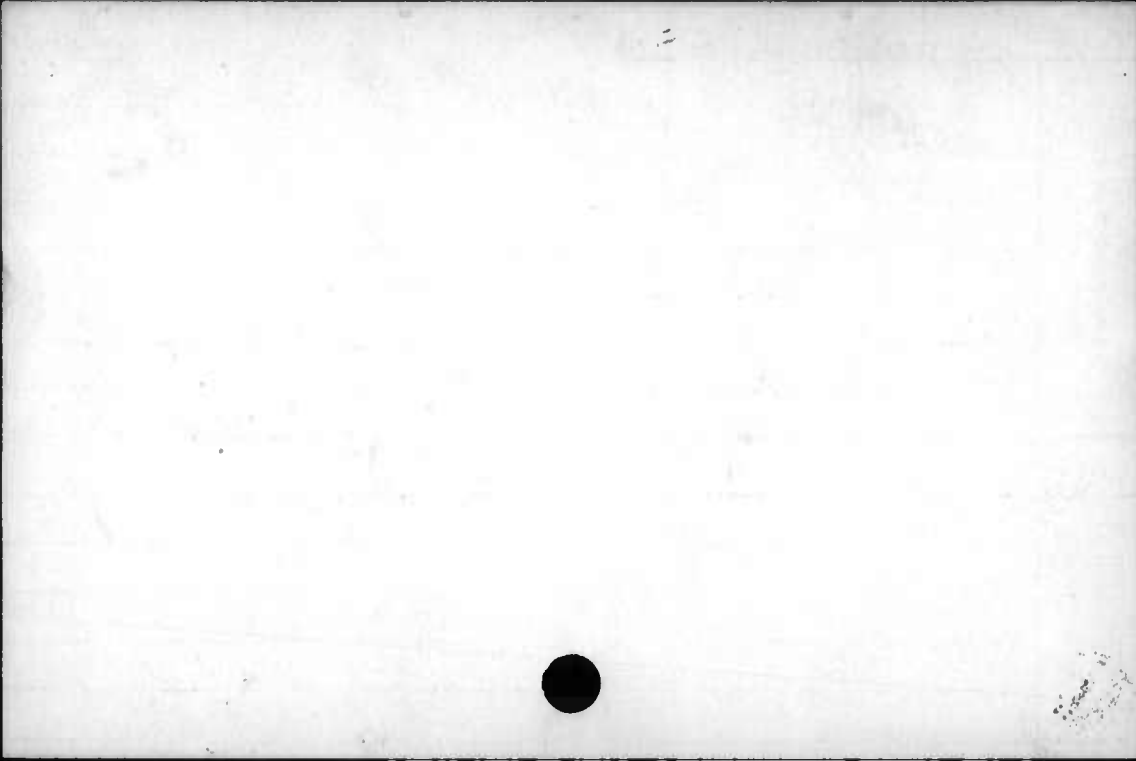
Immediate *Heart failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. J. Shaffer*

Address *Rossville MD*

Accident or Suicide? *-*



Name
in
Full

CERTIFICATE OF DEATH

Alice Elizabeth Shelley

Town

County

Died at

Marion

Baltimore

MARYLAND

Date

1907

Month

Feb

Day

3

Age

Years

-

Months

3

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Marion

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

A. G. Shelley

Father's
Birthplace

Marion Md

Mother's
Maiden Name

Blanche A. Rayston

Mother's
Birthplace

Phoenix Md

Name of person giving
Information

A. Shelley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

2 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
Physician

Address

J. B. Payne M.D.
Corbett Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name

in
Full

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb	22	69			
Sex	male	Color or Race	white	Birth-place	Harford Co., Md.		
Occupation	Blacksmith			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mary Elizabeth Sheppard				
Father's Name	James A Sheppard			Father's Birthplace	Maryland		
Mother's Maiden Name	Rachel Pearce			Mother's Birthplace	Maryland		
Name of person giving information	William D Sheppard			How related to deceased	Son		

CAUSES OF DEATH

Primary	Chronic Pouchitis	How long	Fifteen years
Immediate	General Failure	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. R. Mitchell
		Address	Mounton, Md.
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Chas. H. Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrows Point ^{County} Baltimore MARYLAND
 Date of death 1907 ^{Month} Feb. ^{Day} 4 ^{Years} Age 27 ^{Months} ^{Days}
 Sex Male ^{Color or Race} White ^{Birth-place} Md.
 Occupation Coke Oven worker ^{Where Residing if not at place of death} Sparrows Point
 Married, Single or Widowed Single ^{Name of Wife or Husband}
 Father's Name John R. Short ^{Father's Birth-place} Md.
 Mother's Maiden Name Unknown ^{Mother's Birth-place} Unknown
 Name of person giving information Joe Blann ^{How related to deceased} None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{How long}
 Immediate Accident. Run over by freight car ^{How long}
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician Joe Blann J. P.
 Address Sparrows Point Md.
 Accident or Suicide? Accident



Name
in
Full

Smith

CERTIFICATE OF DEATH

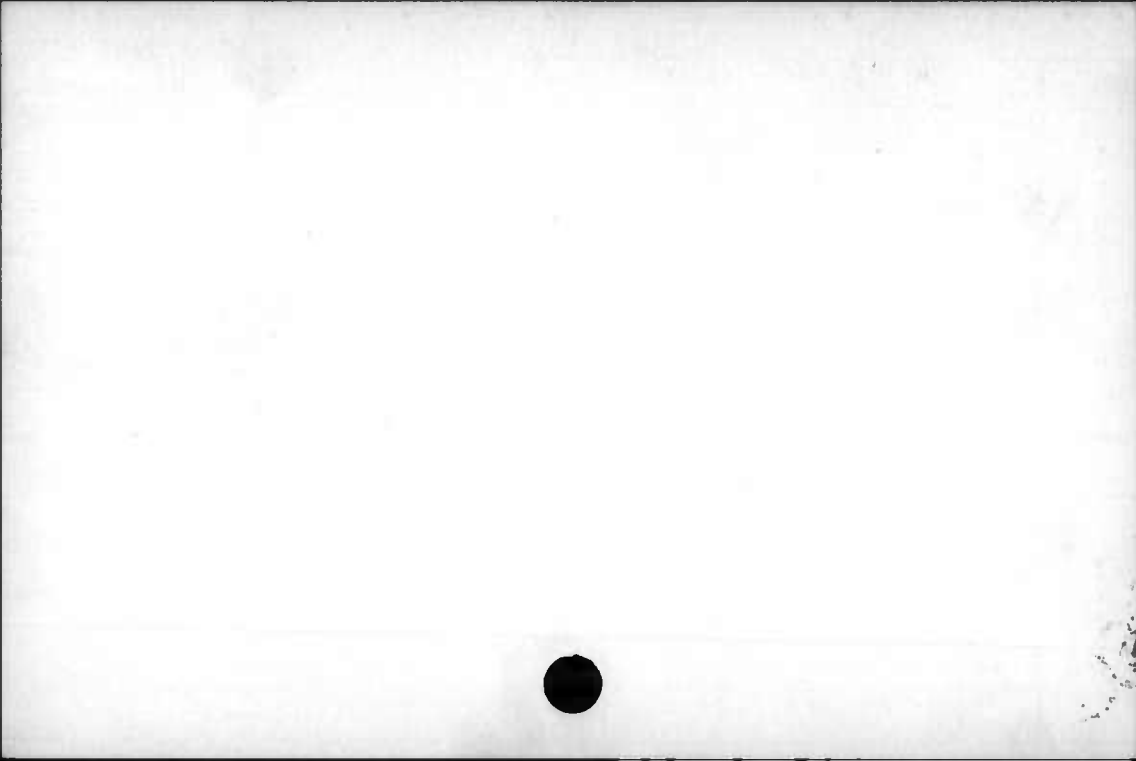
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carlton</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>17</i>	Age <i>Still</i>	Months <i>Birth</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Carlton</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married , Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lehas Smith</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Koraubrock</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Lehas Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D.W. Jones M.D.</i>	
		Address <i>3116 Edgemoor St</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Hazel Catherine Smith

CERTIFICATE OF DEATH

Town

St Denis

County

Baltimore

MARYLAND

Died at

Date

of death

1907

Month

Feb.

Day

9

Age

Years

6

Months

5

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Sidney Smith

Father's
Birthplace

Md

Mother's
Maiden Name

Maggie May Manning

Mother's
Birthplace

Md

Name of person giving
Information

Mrs. A. S. Smith

How related
to deceased

Mother

CAUSES OF DEATH

Primary

La grippe - Acute meningitis

How long

2 wks.

Immediate

Septic pneumonia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

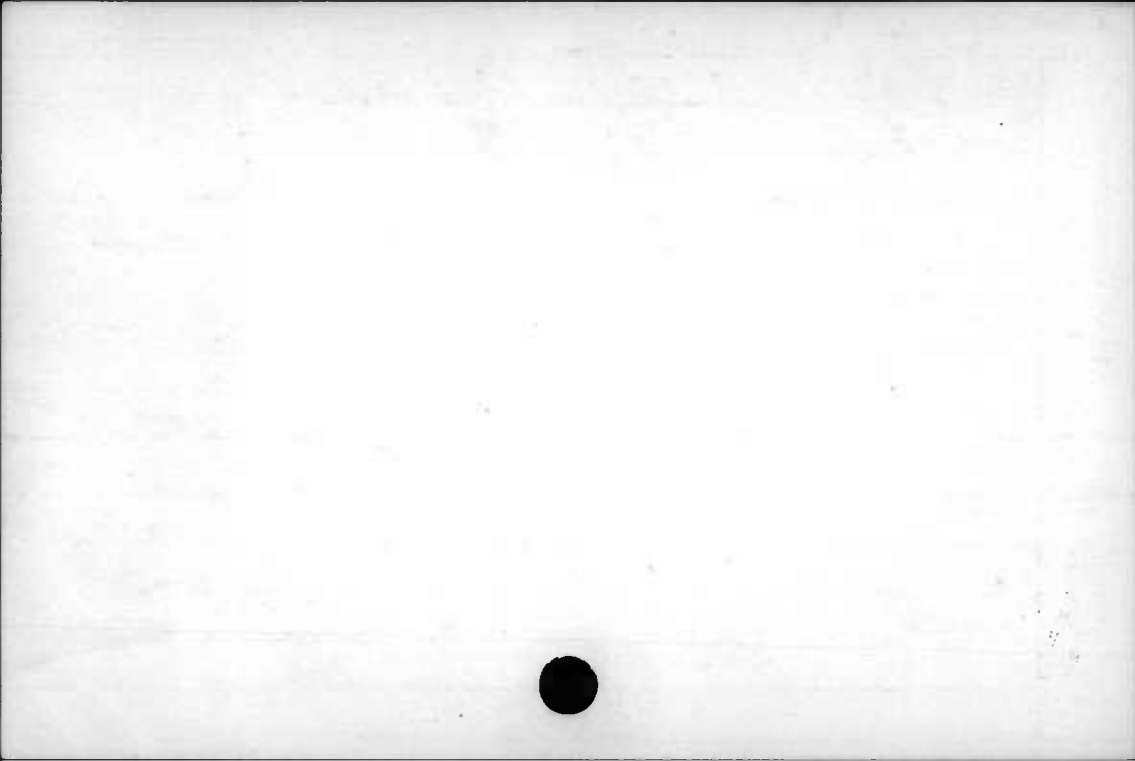
Signature of
Physician

Address

Wm. R. Eareckson
Ex Ridge, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

CERTIFICATE OF DEATH

County Sultry

MARYLAND

Months	Days
--------	------

Sex	Female	Color or Race	(Col)	Birth-place	W.D.
Occupation	Housewife	Where Residing If not at place of death	Sumnerfield		
Married, Single	Name of Witness				

Father's Name (2)

Father's Birthplace

Mother's Maiden Name (?)

Mother's Birthplace

Name of person giving information Isaac Luoriden

How related to deceased *Lo*

CAUSES OF DEATH

Primary *Griff*

Immediate *General Debit*

How long 4 mths

Immediate *General Debit*

How long 8 days

Are the name, age, sex, color, date
and place correctly given above? *Yes*

Signature of Physician *J. G. Goyette, M.D.*
Address *Lowson, Md.*

Accident or Suicide?

John Burns sons

Iron Cemetery
Long Green.
Baltimore

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Louise E. Sorensen* Town *Highlandtown* County *Balto.*

Died at *Highlandtown* *Balto.*

Date of death *1907* Month *Feb* Day *5* Age *15.3* Months *—* Days *—*

Sex *female* Color or Race *white* Birth-place *York Pa*

Occupation *Housekeeper* Where Residing if not at place of death *1004 Highland Av.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Sorensen*

Father's Name *Wm E. Spley* Father's Birthplace *York Pa*

Mother's Maiden Name *Wm. Spley* Mother's Birthplace *" "*

Name of person giving information *Mrs U. P. Fox* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *9 days*

Immediate *Exhaustion* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *A. S. Warner M.D.*

Address *1120 Highland av*

Accident or Suicide? *No*

Internment at
York Pa
Wm Cook
502 E. Hartman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cook'sville</i>		Town <i>Cook'sville</i>		County <i>Watts</i>		STATE OF MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>20</i>	Age <i>77</i>	Years	Months <i>3</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Md</i>				
Occupation <i>School Teacher</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sarah A. Evers</i>					
Father's Name <i>Daniel Sparks</i>				Father's Birthplace <i>Un known</i>			
Mother's Maiden Name <i>Rachel Anna Crofts</i>				Mother's Birthplace <i>My Ladus Manor</i>			
Name of person giving information <i>Protona Storm</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary <i>Explosion of 73rd</i>	How long <i>7 months</i>
Immediate <i>Paralysis (Preparatory Caution)</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Brown</i>
	Address <i>Cook'sville Md</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER

Interment at Mt
Carmel Cemetery

Friday Feb. 22nd
11

W. B. Brooks

Name
in
Full

Osbourne Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Lutherville^{County} Baltimore

MARYLAND

Date of death

1907 Feb

Day

10

Years

Age 73

Months

—

Days

—

Sex

Male

Color or
Race

Negro

Birth-
place

Prince Georges. Md.

Occupation

Laborer

Where Residing if not
at place of death

Lutherville

Married, Single
or Widowed

Married

Name of Wife

Mary E. Higgins

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
information

Henry T. Ayres

How related
to deceased

Not related.

CAUSES OF DEATH

Primary

La Grippe - or Influenza

How long

one week

Immediate

Lobar Pneumonia. Bacterial

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. Tibbons Smith M.D.

Address

Lutherville Md.

PHYSICIAN
OR CORONER

Alex H Gurnsey
578 W. Biddle St
Indianapolis
Bears Hill

Name
in
Full

William B. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Date of death		1907	Month	2	Day	5	Years	31	Months	11	Days	21
Sex		Male		Color or Race		White		Birth-place		Baltimore City		
Occupation		Saloon-keeper		Where Residing if not at place of death		—						
Married, Single or Widowed		Married		Name of Wife or Husband		Margaret Stewart						
Father's Name		William B. Stewart		Father's Birthplace		Scotland						
Mother's Maiden Name		Unknown		Mother's Birthplace		—						
Name of person giving information		Margaret Stewart		How related to deceased		Wife						

CAUSES OF DEATH

Primary	La - Grippe	How long	2 weeks
Immediate	Cardiac failure	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. J. A. Slautz	
Address		41 Eastern Ave. Ct.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

A. Matthews Lem.

Hernig & Son

2/7/07

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Gravens Hill</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
		Date of death 190 <i>7</i> <small>Month</small> <i>2</i> <small>Day</small> <i>13</i> <small>Years</small> <i>80</i> <small>Months</small> <i>1</i> <small>Days</small> <i>2</i>			
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>	
		Name of Wife or Husband <i>Geo H. Swartz</i>			
		Father's Name <i>Harman Thomas</i>		Father's Birthplace <i>Ma</i>	
		Mother's Maiden Name <i>Elizabeth Turner</i>		Mother's Birthplace <i>Pa</i>	
		Name of person giving information <i>Ella L. Thompson</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Cerebral apoplexy</i>		How long <i>17 months</i>	
		Immediate <i>Paralysis & Exhaustion</i>		How long <i>"</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Scarff M.D.</i>	
		Accident or Suicide? <i>neither</i>		Address <i>Willow & Ready Ave. Gravens. Md</i>	

Mrs. Fry
Interment at La Grange
Chap. R.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1907

Month

Febry

Day

18

Age

Years

56

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Anna. Sampson

Father's
Name

Joseph Taylor.

Father's
Birthplace

Md

Mother's
Maiden Name

Mrs. Jos. Taylor

Mother's
Birthplace

"

Name of person giving
In formation

A. E. Mitchell

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Heart Trouble

How long

19 immediately

Immediate

Heart Disease

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. D. Dummigan

Address

203 Toome St.
Coroner

Accident or Suicide?

Natural

- PHYSICIAN
OR CORONER

1

Chas G Bailey
1421 Jasper St
Undertaker

Name
in
Full

Mr. Silas Townsend.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Dickeryville ^{County} Balto. Co.Date of death 7 1907 ^{Month} Feb. ^{Day} Thursday ^{Age} 78 ^{Years} 5 ^{Months} 7 ^{Days}

Sex Male Color or Race White Birth-place Montgomery Co.

Occupation foreman Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Carrie - S. Townsend

Father's Name don't know Father's Birthplace don't know.

Mother's Maiden Name don't know Mother's Birthplace don't know.

Name of person giving information Ida Barnhart How related to deceased daughter

CAUSES OF DEATH

Primary Hemiplegia How long 3 days

Immediate Cardiac Arrest How long 4 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Swink M.D.

Address Woodlawn Sta Md.

Accident or Suicide?

Ridge Run
Jas B. Cook.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jm. Duil Tyree

Died at Sparrow's pr. Town

Bullo. County

MARYLAND

Date of death 1907

Month Feb.

Day 25

Age

Years 19

Months -

Days -

Sex

male

Color or Race

Cal.

Birth-place

Va.

Occupation

Laborer

Where Residing if not at place of death

Sparrow's pr.

Married, Single or Widowed

Single

Name of Wife or Husband

-

Father's Name

Jacke Tyree

Father's Birthplace

Va

Mother's Maiden Name

-

Mother's Birthplace

Va

Name of person giving information

Joe Adams

How related to deceased

none

CAUSES OF DEATH

Primary

Rheumatism

How long

7 days

Immediate

Exhaustion

How long

24 hours

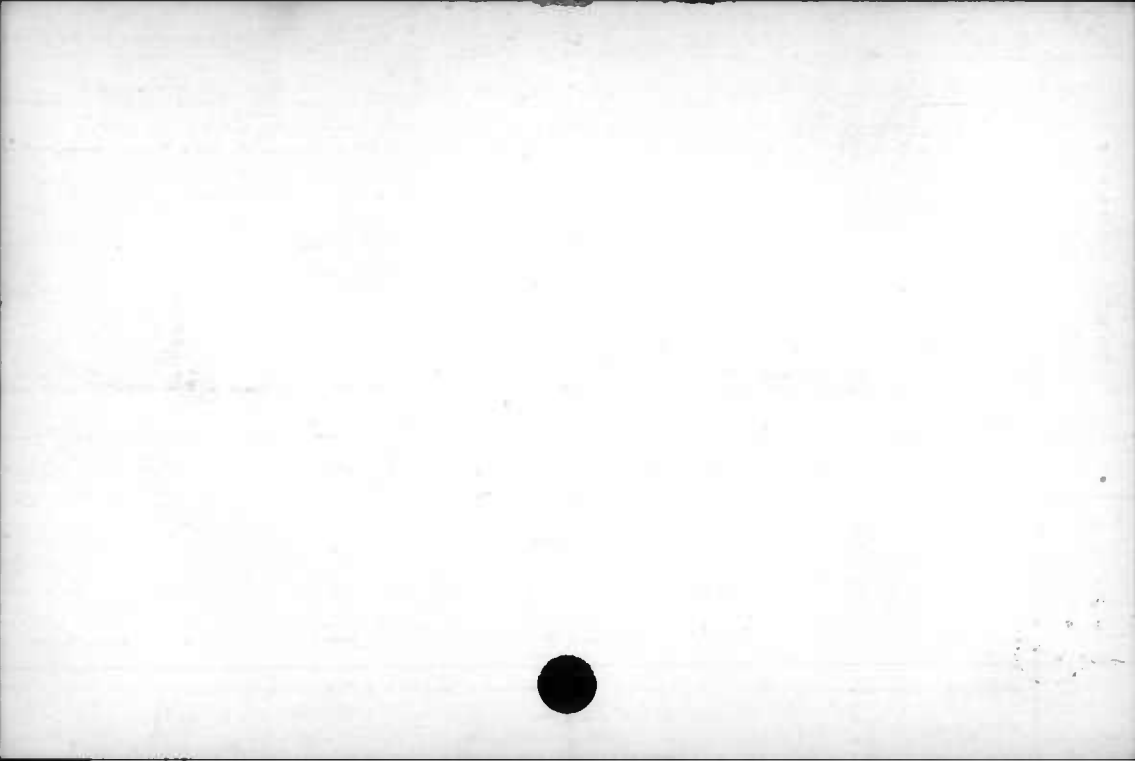
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H K Pettekinia M.D.
Sparrow's pr.
Ind..

Accident or Suicide?



Name
in
Full

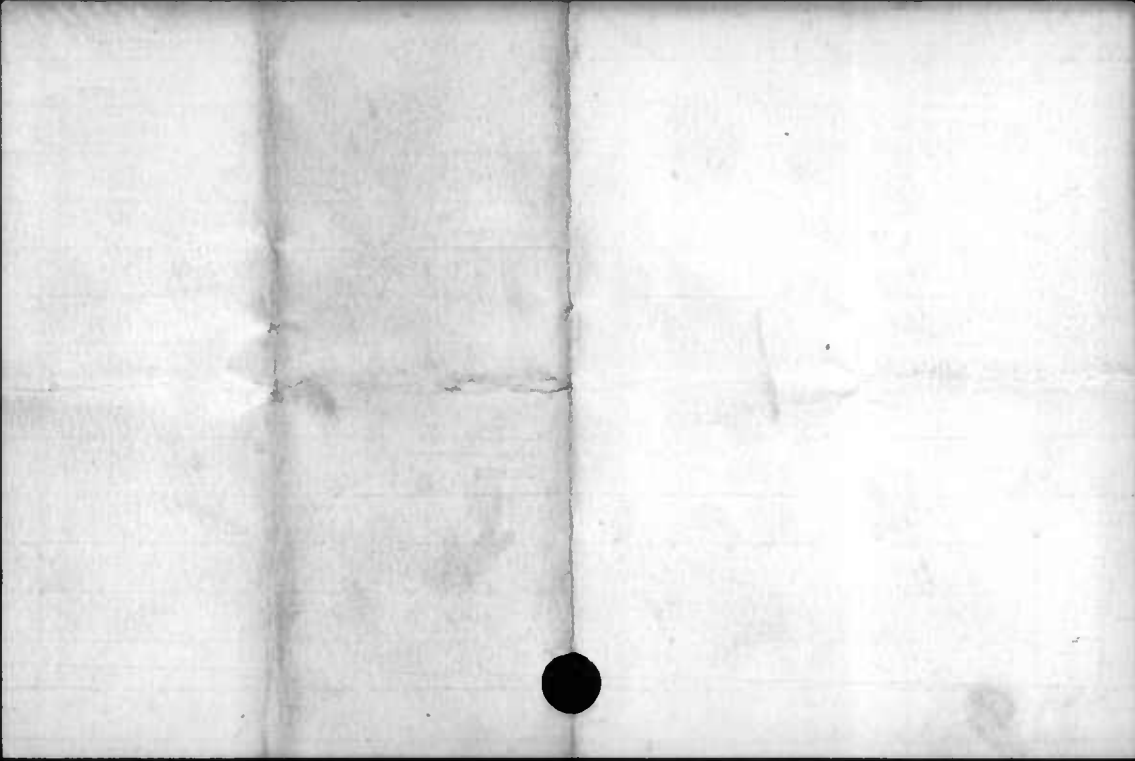
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Bald.</i> ^{Co.}		MARYLAND	
Date of death	<i>1907</i>	<i>Febry.</i> ^{Month}	<i>10.</i> ^{Day}	Age <i>22</i> ^{Years}	<i>3</i> ^{Months} <i>10</i> ^{Days}
Sex <i>male.</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer.</i>	Where Residing if not at place of death <i>Joone</i>		<i>near 16th st.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Theresa</i>				
Father's Name <i>Chas. Tyrrell</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Tyrrell</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Chas. Tyrrell</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Lagrippe</i>	How long <i>5 weeks</i>
Immediate <i>Heart. Disease</i>	How long <i>1 hour 20 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P.A. Dummigan</i>
	Address <i>203 Joone St.</i>
Accident or Suicide? <i>Natural</i>	<i>Coroner.</i>



Name
in FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Healersville

Town

Putto

County

Date

of death

1907

Month

Feb

Day

28

Age

70

Years

Months

Days

Sex

Female

Color or Race

white

Birth-place

Ind.

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Dennis Warfield

Father's Birthplace

Maryland

Mother's Maiden Name

Elizabeth B. Elwell

Mother's Birthplace

"

Name of person giving information

Rudolph Warfield

How related to deceased

Cousin.

CAUSES OF DEATH

Primary

Imbecility

How long

Life.

Immediate

Chronic Intestinal Defects

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. H. Wade.

Healersville, Ind.

Accident or Suicide?

No.



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto.</i> ^{County}			
Date of death	<i>1907</i>	Month	<i>Feb.</i>
	<i>3</i>	Day	<i>3</i>
Age	<i>65</i>	Years	<i>13</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>Unknown</i>	Birth-place	<i>Balto.</i>
Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Weitzel</i>
Father's Name	<i>Jacob Weitzel</i>	Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Mary Weitzel</i>	How related to deceased	<i>Wife</i>

CAUSES OF DEATH

Primary	<i>Bronchitis - Pneumonia</i>	How long	<i>9 months</i>
Immediate	<i>Coronary failure</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y</i>	Signature of Physician	<i>Dr. R. B. Braxton</i>
		Address	<i>1713 Oak St</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

Mt. Carmel Leon
H. Sandu & Son

Name
in
Full

Charles Franklin Whelan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockeysville</i> ^{Town}		<i>North</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month}	<i>1st</i> ^{Day}	Age <i>54</i> ^{Years}	<i>3</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Farmers & Gardener</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife ^{Wife} <i>Mary Elizabeth Hendrick</i>			
Father's Name <i>Potimus Whelan</i>			Father's Birthplace <i>Western Run</i>		
Mother's Maiden Name <i>Elizabeth Bond</i>			Mother's Birthplace <i>Built's Md</i>		
Name of person giving information <i>Mary Elizabeth Whelan</i>			How related <i>Wife</i>		

CAUSES OF DEATH

Primary <i>Laryngeal & Pulmonary Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Laryngeal & Meningeal Tuberculosis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. B. B. Benson</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <i></i>	

PHYSICIAN
OR CORONER

Interment at Bosley
Cemetery Sunday 3rd

W. C. Brooks

Name
in
Full

Benjamin Whiteley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Catonsville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1907		Month <i>February</i>		Day <i>23</i>		Age <i>91</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Whiteleysburg, Caroline Co., Md</i>		Months <i>13</i> Days <i>5</i>	
Married, Single or Widowed				Occupation <i>(None) retired Merchant</i>			
Name of Wife or Husband <i>Elizabeth Stone</i>							
Father's Name <i>Dr William Whiteley</i>				Father's Birthplace <i>Whiteleysburg</i>			
Mother's Maiden Name <i>Elizabeth Baynard</i>				Mother's Birthplace			
Name of person giving information <i>J. Whiteley</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Whiteley</i>	
		Address <i>Catonsville Md</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER
1

E. M. Mitchel
London Park.

Name
in
Full

Emma E Williams

CERTIFICATE OF DEATH

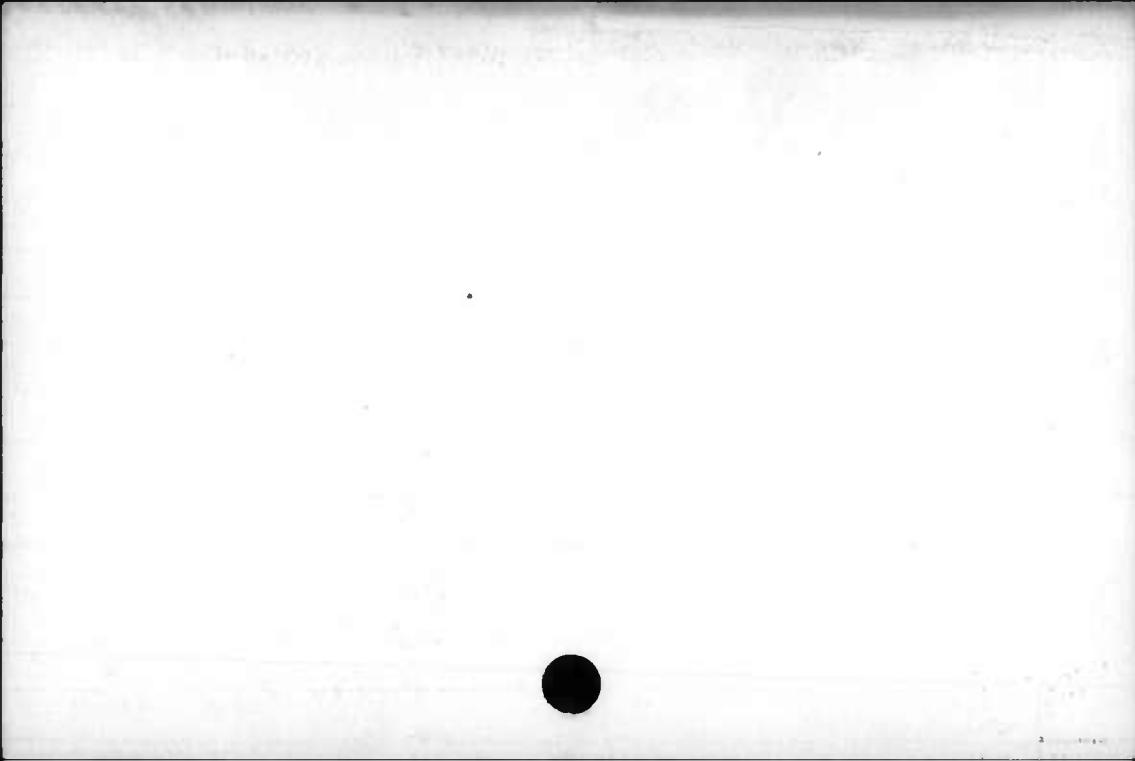
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Relay</u> <small>Town</small>		<u>Balt</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	<u>Feb</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>69</u> <small>Years</small>	<u>Months</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>Cold</u>	Birth-place	<u>Va</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Charles Williams</u>		
Father's Name	<u>Leustis</u>		Father's Birthplace	<u>Va</u>	
Mother's Maiden Name	<u>Nancy Andrews</u>		Mother's Birthplace	<u>Va</u>	
Name of person giving information	<u>Charlotte R Ferrell</u>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>6 wks</u>
Immediate	<u>" " Recurrent</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wes Malfeldt</u>	
		Address <u>Calonsville Md</u>	
Accident or Suicide?			



Name
in
Full

Margaret Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grays.</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>21</u>	Age <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>		Where Residing if not at place of death <u>Grays</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Frank Williams</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Grace Williams</u>	How related to deceased <u>Father</u>		Name of person giving information <u>Frank Williams</u>		

CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>2 days</u>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

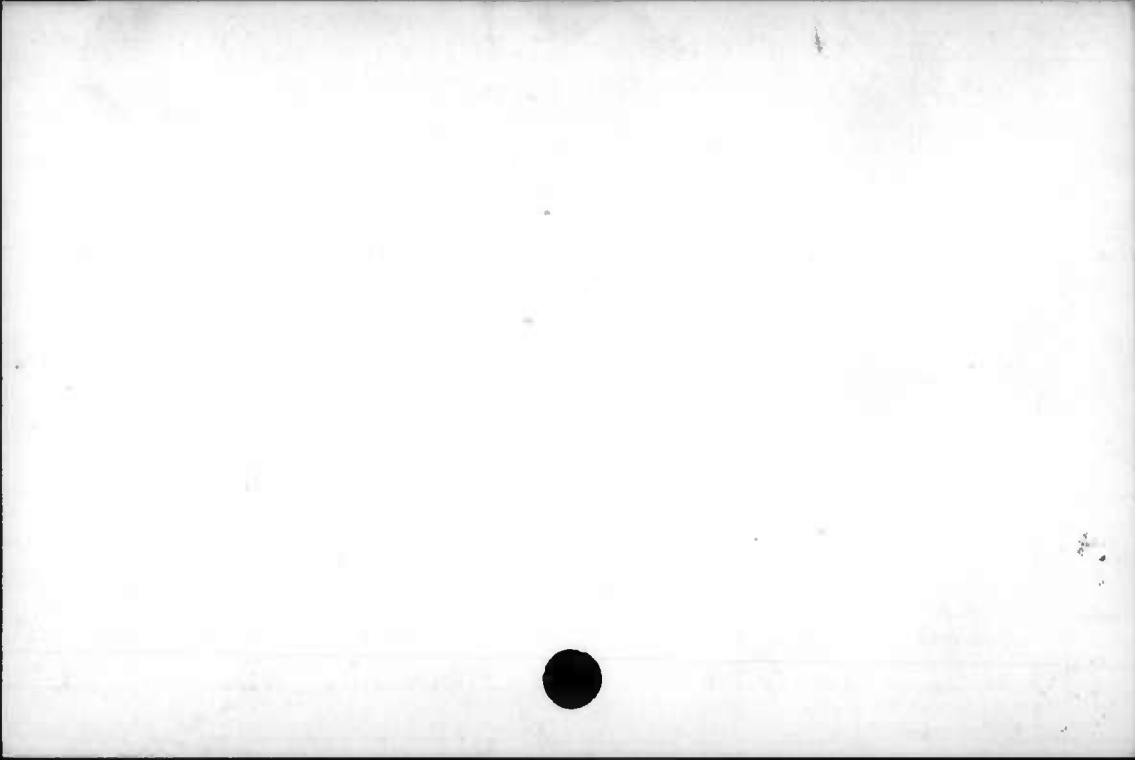
Signature of Physician

Address

Accident or Suicide?

93

D. C. L. Maffett
Health Officer
Catonsville Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Beatrice Wilson</i>		Town <i>Sparrow's Pt.</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Sparrow's Pt.</i>		Month <i>Feb</i>		Day <i>29</i>		Age <i>7</i>	
Date of death <i>1907</i>		Months <i>1</i>		Years <i>15</i>		Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Sparrow's Pt.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Sparrow's Pt.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Luther Wilson</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Virginia Davenport</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Luther Wilson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>36 hours</i>
Immediate <i>Exhaustion</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Peltikian M.D.</i>
	Address <i>Sparrow's Pt. Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>7</i> Month	<i>20</i> Day	Age	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place		
Married, Single or Widowed <i>married</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <i>Acute Alcoholism</i>	How long <i>4 days</i>
Immediate <i>Apoplexy</i>	How long <i>2 or 3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. L. McComick M.D.</i>
	Address <i>Sparrows Point Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

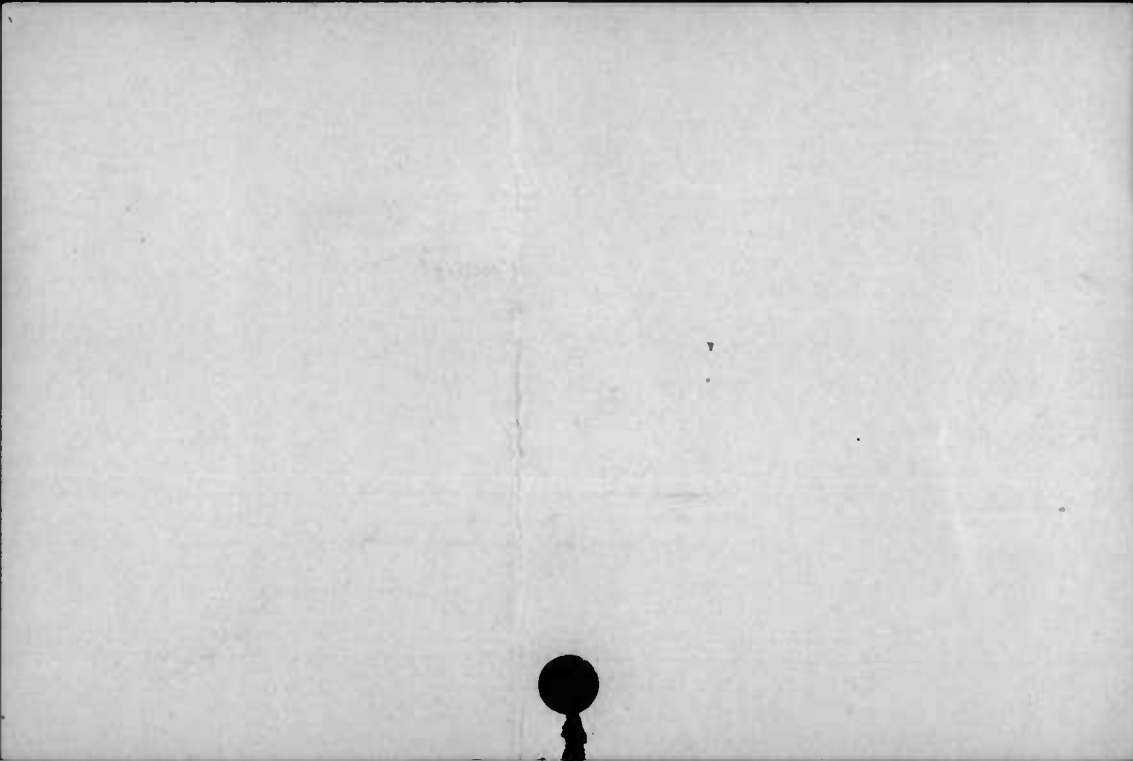
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Tarreston</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1904	Month <i>Feb</i>	Day <i>28</i>	Age <i>64</i>	Years	Months <i>7</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Manchester Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Tarreston</i>						
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>Margaret</i>						
Father's Name <i>George Wolfgang</i>	Father's Birthplace <i>Manchester</i>						
Mother's Maiden Name <i>Pollie Zepf</i>	Mother's Birthplace <i>South Knoll</i>						
Name of person giving information <i>Daughter</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Measles</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Preston</i>
	Address <i>Manchester</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Leonard J. Woller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ms Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907 Feb 18th</i>		Month		Day		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>unknown</i>		Days <i>unknown</i>	
Occupation <i>Bar tender</i>		Where Residing if not at place of death <i>Arlington Md.</i>		Birth place <i>Balto. Co Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>Lewis Woller</i>		Mother's Maiden Name <i>unknown</i>		How related to deceased <i>not at all</i>			
Name of person giving information <i>Rees Ms Hope Retreat</i>							

CAUSES OF DEATH

Primary *Mania (Toxic) acute*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery M.D.*

Address

*Ms Hope Retreat
Balto. Co. Md.*

Accident or Suicide? *_____*



Name
in
Full

John Jacob Young

CERTIFICATE OF DEATH

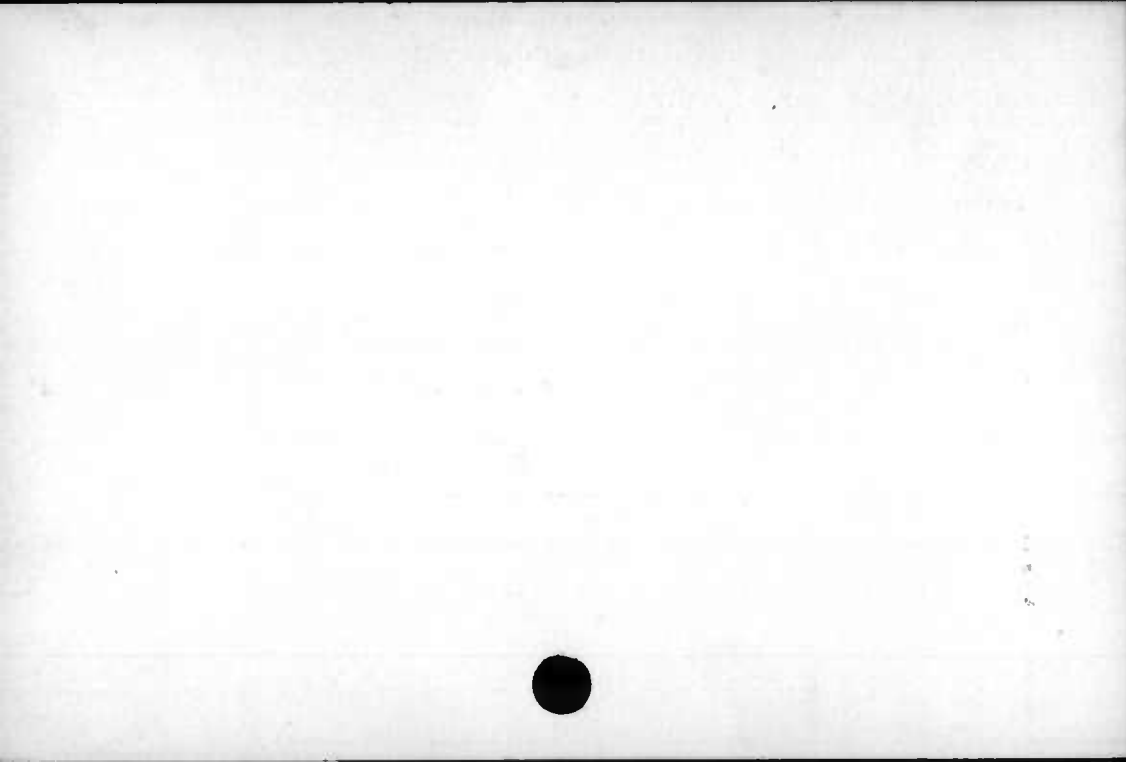
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freeland P. O.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb'y.</i>	Day <i>7</i>	Age <i>7</i>	Years <i>2</i>	Months <i>26</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert C. Young</i>			Father's Birthplace <i>Baltimore Co.</i>		
Mother's Maiden Name <i>Esther A. Sheorem</i>			Mother's Birthplace <i>Balt. Co.</i>		
Name of person giving information <i>Robert C. Young</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Found dead in bed. Had</i>	How long
Immediate <i>Grippe. Reported. No Physician called.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph D. Lammie</i>
	Address <i>Freeland P. O. Balt. Co.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martin A Zinkhand</i>		Town <i>Rosedale</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Rosedale</i>		Month <i>2</i>		Day <i>3</i>		Years <i>41</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>3</i>		Years <i>41</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		Months <i>7</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		Days <i>—</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Mary Zinkhand</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>Nicholas Zinkhand</i>		Mother's Maiden Name <i>Mary A. Hart</i>		How related to deceased <i>Bro</i>		Days <i>—</i>	
Name of person giving information <i>Nicholas Zinkhand</i>		Days <i>—</i>		Days <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Manner</i>
Accident or Suicide? <i>No</i>	Address <i>1120 Highland</i>

Christian Miller
2334 Jefferson

Sacred Heart Seminary

Name
in
Full

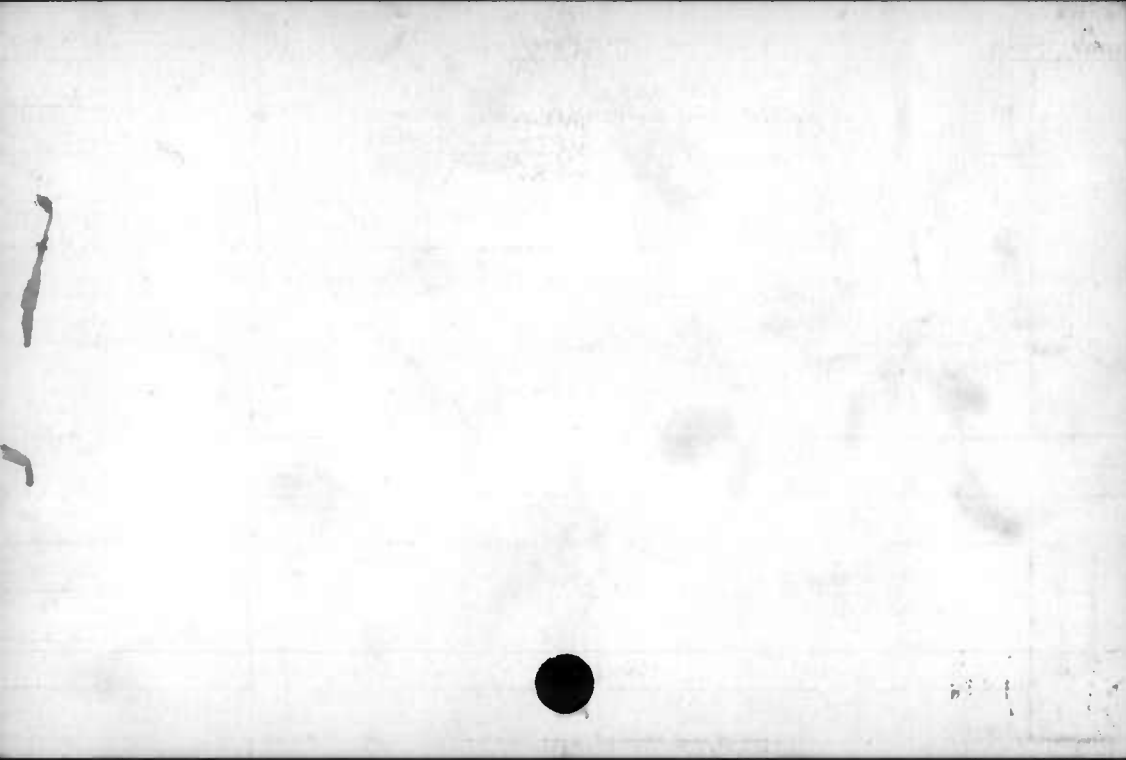
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town} <i>md</i> <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Febry</i> ^{Day} <i>- 22</i> ^{Years} <i>Age about</i> <i>13</i> ^{Months} <i>(3)</i> ^{Days}	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Unknown</i>
Occupation _____	Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Joe. Laugh</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Unknown</i>	How long <i>176</i>
Immediate <i>Unknown</i>	How long <i>176</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. D. D. Duggan</i>
<i>came to her death by 1 Cause, & Party or Parties - unknown to the jury.</i>	Address <i>Corner 203 Jome St.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

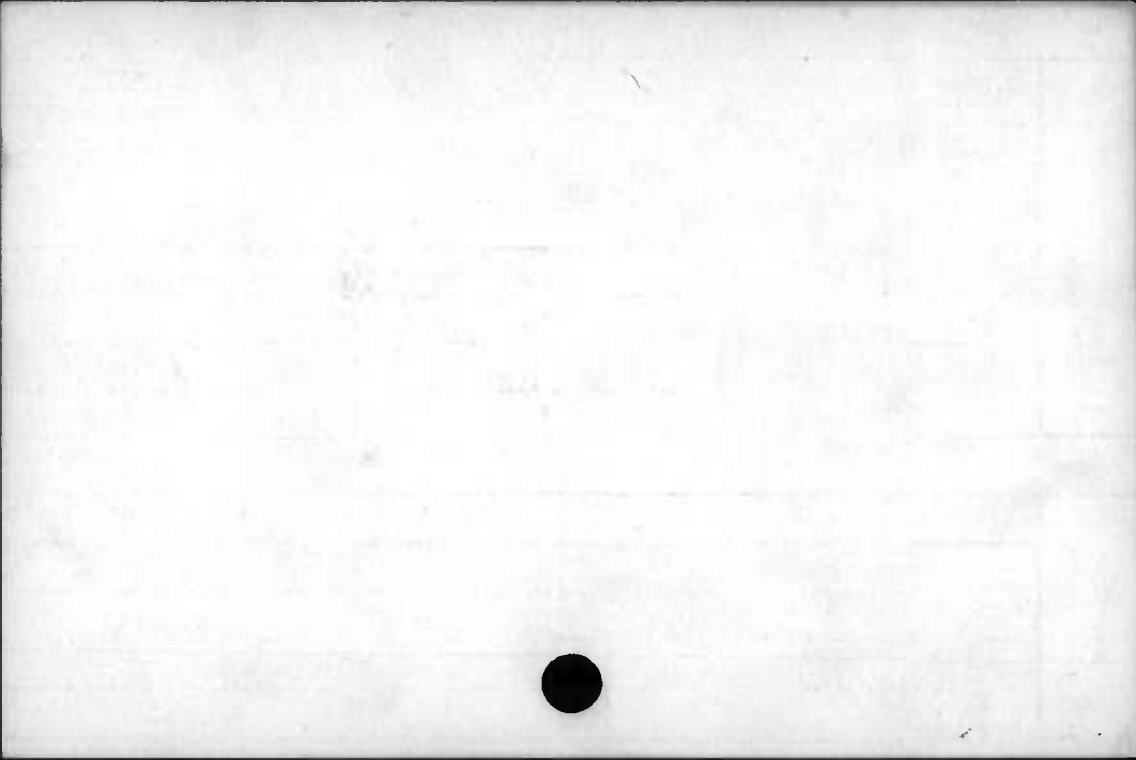
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Feb</u> ^{Month}	<u>17</u> ^{Day}	Age <u>Unknown</u>	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color of Race <u>White</u>		Birth-place <u>Unknown</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Sparrows Pt</u>		
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Joseph Hess</u>			How related to deceased <u>No Relation</u>		

CAUSES OF DEATH

Primary <u>Exposure</u>	How long <u>12 hours</u>
Immediate <u>Excessive drink</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. A. Dunningan</u>
	Address <u>203 Town Pt</u>
Accident or Suicide? <u>Natural</u>	<u>Coroner</u>

1
P. A. Dunningan
CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton md</i>		<i>Balto.</i>		MARYLAND	
Date of death	1907	Month	Febry	Day	25
Age		About		Months	3
Sex	Male		Color or Race	White	
Occupation			Birth-place	Unknown	
Where Residing if not at place of death			Unknown		
Married, Single or Widowed	Single		Name of Wife or Husband	None	
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving information	Chas. Hardwell		How related to deceased	None	

CAUSES OF DEATH

Primary	<i>Apparently Natural</i>	How long	<i>Unknown</i>
Immediate	<i>" Spasms</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>P.A. Dunningan</i>	
Address		<i>203 Lone St. Corner</i>	
Accident or Suicide?		<i>Crises.</i>	

